



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION – LICENSURE BUREAU - CHILD CARE LICENSING

STATE OF MONTANA

FAMILY and GROUP DAY CARE FACILITIES
(includes infant regulations)
SURVEY TOOL

INSPECTION INFORMATION

Facility: _____

Address: _____

☐ Initial Visit: _____ @ _____ ☐ Follow Up: _____ @ _____

Director: _____ Phone #: _____

Contact: _____ Phone #: _____

Licensing Worker: _____

Time: _____ # children: _____ # infants: _____ # caregivers: _____

Time: _____ # children: _____ # infants: _____ # caregivers: _____

Time: _____ # children: _____ # infants: _____ # caregivers: _____

Caregivers: _____

Staff changes: _____

Notes: _____

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37.95.115	PARENT INFORMATION	Sub-Sections 1 - 3
<p>(1) The following written information shall be made available to all parents:</p> <ul style="list-style-type: none"> (a) A typical daily schedule of activities; (b) Admission requirements, enrollment procedures, hours of operation (c) Frequency and type of meals and snacks served; (d) Fees and payment plan; (e) Regulations concerning sick children; (f) Transportation and trip arrangements; (g) Discipline policies; and (h) Department day care licensing requirements. 	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is the following information in (1)(a) - (h) made available to the parents? ◆ How is this disseminated (ie, contract or otherwise?) 	
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(2) Day care facility shall post a copy of the facility registration or license and the phone number of state and local Quality Assurance Division offices in a conspicuous place. Parents should be encouraged to contact the division if they have questions regarding the license or the day care regulations.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ It the registration certificate posted? Is it easily seen? ◆ Are QAD's Numbers posted? Are they easily seen? 	
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(3) The licensee or registrant shall allow custodial and non-custodial parental access as well as access by legal guardians to the facility at any time during which child day care services are provided, unless there is a current court order preventing parent-child contact.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Does the provider understand this requirement? ◆ Have they had to deal with this situation? ◆ Do they communicate this with parents? ◆ If a parent is prohibited by a court order from having contact, is a copy of the order on file at the facility? ◆ access" means the parent may have contact w/child. It does not necessarily mean the parent can remove the child from the facility. CCL's should inquire as to whether there is a contract, a parenting plan or other court documents specifying who has the right to remove child from the facility 	
<p>YES</p> <p>NO</p> <p>NA</p>		
37.95.117	JOINT PROGRAMS	Sub-Section 1
<p>(1) Any day care facility which operates a day care program in connection with another non-day care program on the same premises must have separate staff and separate space for each program. However, staff and space may be shared for janitorial, maintenance, cooking, or other support services.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is there another program (other than a day care program) contained within the same structures as the day care? ◆ If so, is there separate staff? Do the two programs mix? ◆ Are there shared areas? ◆ How do the programs schedule the shared areas so that the two programs do not conflict? ◆ In such situations, is it advantageous for the day care children to interact with the other program (a day care and an elder care facility)? ◆ If so, how do the programs ensure the safety of all? ◆ How are janitorial, maintenance and support handled? ◆ Is this reasonable to ensure safety? 	
<p>YES</p> <p>NO</p> <p>NA</p>		

37.95.117	JOINT PROGRAMS (cont.)	Sub-Sections 2 –4e
(2) Children attending the facility for day care shall not come in contact with other persons who are receiving care in the facility unless the provider can prove to the department's satisfaction that those persons will not pose any threat to the health, safety and well-being of the children in day care.	INTERPRETATION ◆ How does the provider assure that children do not come in contact with others who are receiving other forms of care?	YES NO N/A
(3) If multiple programs, including multiple day care programs or facilities in the same building, increase the number of people regularly in the building to more than 12 individuals, all fire, safety and sanitation requirements which may be impacted must be complied with by the day care facility.	INTERPRETATION ◆ Are there more than 12 people in the building? ◆ If day care is housed with another organization, this may very well be true. ◆ If so, then all fire and sanitation regulations must be verified and met by inspection reports, ir-regardless of license/registration type. ◆ If, for example, a GDC is housed with another non-profit agency, fire and health inspections must be conducted and requirements met. ◆ A GDC registration would still be issued	YES NO N/A
(3)(a) Multiple day care group homes which are currently operating under a "double group" registration within a single structure will have 3 years or until September 30, 2003, to either upgrade to center status and meet all center requirements, or relinquish one group registration and limit the number of children accordingly.		
(4) Persons, corporations or organizations may be (...) registered for more than one day care facility if facility sites, staff, and space are completely separate from one another.	INTERPRETATION ◆ Can the worker determine by observation that sites and staff are separate? ◆ Does the facility share space?	YES NO N/A
(4)(a) If the day care facility is housed in a private single-family living structure, the structure can only obtain one registration (...).	◆ Day care facility's housed in a residential structure can only have one (1) registration!	
(4)(b) If the multiple program day care facility is in a non-residential structure, and is owned by the same entity or person it will be licensed as a center and will be required to meet all center regulations.	◆ If the multiple day care facility is contained in a non-residential building (commercial space, mall, etc) it must be categorized as a center and meet all requirements of centers.	
(4)(c) If more than one day care program exists in one retail or commercial structure, and there are separate owners or entities of each program, the department will grant individual registrations or licenses.	INTERPRETATION (4)(d) ◆ Day care facilities, which occur in apartment buildings, etc. can be registered as either FDC or GDC as allowed and must not share staff and space. ◆ If a common space (playground) is used, providers must make arrangements so that only one group uses the space at a time.	YES NO N/A
(4)(d) If the day care facility is contained in a multi-family structure, such as an apartment building, the structure will be allowed to house multiple day care facilities that meet the requirements of (1) and (2) above.		
(4)(e) If the facility is licensed or registered as a day care facility, but also serves as a foster care home, the department's child and family services (CFS) regional administrator and quality assurance division (QAD) must approve the dual license or registration.		
		YES NO N/A

37.95.121	SAFETY REQUIREMENTS		Sub-Sections 1 – 4
(1) Cleaning materials, flammable liquids, detergents, aerosol cans, and other poisonous and toxic materials must be kept in their original containers and in a place inaccessible to children. They must be used in such a way that will not contaminate play surfaces, food, food preparation areas, or constitute a hazard to the children.		INTERPRETATION <ul style="list-style-type: none">◆ Where are these materials stored?◆ Are they inaccessible and secured from accidental contact with children?◆ In what way?	
<div>YES</div> <div>NO</div> <div>NA</div>			
(2) No extension cord will be used as permanent wiring. All appliances, lamp cords and exposed light sockets must be suitably protected to prevent electrocution.		INTERPRETATION <ul style="list-style-type: none">◆ An exception would be a UL listed surge protector such as that used with a computer, stereo or other electronic devise.◆ Are the lamp cords inaccessible to the children?◆ Has the provider used a cord roll up devise or raceway (runner that covers the cord) to keep the cord safely away from the children?	
<div>YES</div> <div>NO</div> <div>NA</div>			
(3) Any pet or animal, present at the facility, indoors or outdoors, must be in good health, show no evidence of carrying disease, and be a friendly companion of the children. The provider is responsible for maintaining the animal's vaccinations and vaccination records. These records must be made available to the department upon request. The provider must make reasonable efforts to keep stray animals off the premises.		INTERPRETATION <ul style="list-style-type: none">◆ If there are pets on the premise of the day care facility, the provider should be able to show--by current vaccination records--that the animal(s) is in good health.◆ Additionally, the animal needs to be friendly and like being around children.◆ If not, it is the provider's responsibility to contain the animal in an area inaccessible to the children attending the day care facility.	
<div>YES</div> <div>NO</div> <div>NA</div>			
(4) Guns must be kept in locked storage. Ammunition must be kept in locked storage separate from the gun.		INTERPRETATION <ul style="list-style-type: none">◆ Guns are to be stored separately from the ammunition, in locked storage.◆ Ammunition is to be stored separately from guns, in locked storage.	
<div>YES</div> <div>NO</div> <div>NA</div>			
(5) The indoor and outdoor play areas must be clean, reasonably neat, and free from accumulation of dirt, rubbish, or other health hazards.		INTERPRETATION <ul style="list-style-type: none">◆ General good housekeeping practices are used: no dirty dishes piled up in the sink, carpets are vacuumed on a regular basis, no garbage "spilling over", floors are free of excess dirt, etc.◆ Licensors must take into consideration events of the day and time of visit when determining compliance. (i.e., Did visit occur right before or immediately following a meal?)	
<div>YES</div> <div>NO</div> <div>NA</div>			

37.95.121	SAFETY REQUIREMENTS (cont.)	Sub-Sections 6 – 9
<p>(6) Any outdoor play area must be maintained free from hazards such as wells, machinery and animal waste. If any part of the play area is adjacent to a busy roadway, drainage or irrigation ditch, stream, large holes, or other hazardous areas, the play area must be enclosed with a fence in good repair that is at least 4 feet high without any holes or spaces greater than 4 inches in diameter or natural barriers to restrict children from these areas.</p> <p>(a) Outdoor play areas shall be designed so that all parts are always visible and easily supervised by staff.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Through observation, the worker can determine if this requirement is met. ◆ Workers can determine hole/space diameter by utilizing tape measures. 	YES
		NO
		N/A
<p>(7) Toys, play equipment, and any other equipment used by the children must be of substantial construction and free from rough edges, sharp corners, splinters, unguarded ladders on slides, and must be kept in good repair and well maintained.</p>		YES
		NO
		N/A
<p>(8) Toys and objects with a diameter of less than 1 inch (2.5 centimeters), objects with removable parts that have a diameter of less than 1 inch (2.5 centimeters), plastic bags, Styrofoam objects, and balloons must not be accessible to children who are still placing objects in their mouths.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Through observation, the worker can determine if this requirement is met. ◆ Use of the "choke tube" will help measure whether a toy or piece of toy is a choking hazard). ◆ If "choke tube" is not available, licensor can use toilet paper tube. 	YES
		NO
		N/A
<p>(9) Outdoor equipment, such as climbing apparatus, slides, and swings, must be anchored firmly, and placed in a safe location according to manufacturer's instructions. Recommended ground covers under these items include sand, fine gravel or woodchips with a depth of the ground cover being at least 6 inches.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Any outdoor equipment must be secured to the ground upon which it is located. ◆ If the equipment piece is properly security/anchored, it will not wobble or tip if an adult were to lean or sit upon it. ◆ Are ground covers in place? If no, CCL should explain the necessity of ground covers to the provider. Ground covers "absorb a child's fall" which will prevent or minimize injury 	YES
		NO
		N/A

37.95.121	SAFETY REQUIREMENTS (cont.)	Sub-Sections 10 – 13a
(10) Trampolines are prohibited for use by children in care. Trampolines on facility premises must be inaccessible to children in care.	INTERPRETATION <ul style="list-style-type: none"> ◆ Trampolines, irregardless of the size (including individual/personal trampolines), CAN NOT be used by day care children during day care hours. ◆ If the provider has a trampoline on the premise (for personal use only) it must be inaccessible to day care children. (Preferably fenced off!) ◆ This rule includes prohibition against Air Jumpers, which are considered, throughout air jumper industry, inflatable trampolines. 	YES NO NA
(11) The Emergency Montana Poison Control Center number, 1 (800) 222-1222 must be posted at all telephone locations at the day care facility.	INTERPRETATION <ul style="list-style-type: none"> ◆ Is this number located by each phone in the facility? ◆ Is it easily readable? 	YES NO NA
(12) Use of waterbeds, water mattresses, gel pads, or sheepskin covers for children's sleeping surface is prohibited.	INTERPRETATION <ul style="list-style-type: none"> ◆ A provider <u>MAY</u> NOT use a waterbed, a water mattress, a gel pad, or sheep skin cover for purposes of children's sleeping. ◆ These items can cause suffocation if a child turns into the mattress or sheepskin cover. ◆ It is very difficult, for a child, to release themselves once they are "Caught" between the mattress/side-rail, under the water mattress, or sheep skin cover! 	YES NO NA
(13) In an emergency, all occupants must be able to escape from the facility, whether a home or building, in a safe and timely manner.	INTERPRETATION <ul style="list-style-type: none"> ◆ What is the provider's emergency evacuation plan? ◆ Is it reasonable? Do they practice? Documentation? ◆ How long does it take? ◆ Is the escape route appropriate for all children--regardless of ability—to use ◆ Licensors may want to question children to determine their level of understanding and ability to exit the facility. 	YES NO NA
(13)(a) All facilities must have two accessible exits on each level. The two exits must be far enough apart from one another to avoid having them both blocked by fire and smoke. Aisle ways and corridors leading to the exits must be kept clear of obstructions.	INTERPRETATION <ul style="list-style-type: none"> ◆ Are there 2 doors, which exit off the main floor? ◆ Are they unlocked? ◆ Can children demonstrate how to open the door? (This will verify easy operation/single action opening). ◆ What is the distance between the two main level doors? ◆ Are aisle ways/hallways clear of obstructions allowing easy access to doors? ◆ How are deadlocks opened? ◆ Is it a single action turn lock with out a key? ◆ To determine whether the exits are far enough apart licensors should measure the diameter of the room and divide by 2, this should equate to the distance between the exits. If not then the intent of the rule is not met. (Remote Means of Access). 	YES NO NA

37.95.121	SAFETY REQUIREMENTS	Sub-Sections 13b – 13f
(13)(b) If the day care provider chooses to lock the facility door to prevent unauthorized access to the facility or to prevent a child from escaping, the facility shall have no lock or fastening device which prevents free escape from the interior.	INTERPRETATION ◆ Are inside exits easily open-able with single action - demonstration will prove this. Can the door be opened in a single action w/o special tools or keys? ◆ Can children and adults get out of the area in a reasonable manner?	
		YES
		NO
		NA
(13)(c) The locking device must not require a key, a tool, or special knowledge or effort to open from the inside.	INTERPRETATION ◆ What type of lock is used? Does it require a lock or other 'tool' to open the lock? Does it require a combination movement? ◆ Any lock used should be able to open freely from inside with a single action	
		YES
		NO
		NA
(13)(d) The locked door must be easily opened with one motion from the inside of the facility.	INTERPRETATION ◆ Can Licensor open the locked door in one motion	
		YES
		NO
		NA
(13)(e) Installation of locking devices may not prohibit access by parents. A facility may not utilize locking devices in a manner to prevent unannounced access by authorized individuals, including parents. If a lock is used, the provider must make adequate provision to allow authorized persons unannounced access to the facility and must provide authorized personnel including parents with information on how to gain access.	INTERPRETATION ◆ How has the provider accomplished this? Is access reasonable? ◆ May need to interview parents to determine whether this criteria is met. What is their understanding for purpose of locking the door? ◆ Do parents understand and have knowledge of how to gain access to the facility at any time they desire?	
		YES
		NO
		NA
(13)(f) Exit doors, windows, and their opening hardware must be maintained in good repair at all times.	INTERPRETATION ◆ Are these means usable, right now - Today? ◆ Could children and staff exit safely?	
		YES
		NO
		NA

37.95.127		SWIMMING		Sub-Sections 1 – 4	
(1) Children may not be allowed to use a swimming pool, unless it and the surrounding area are constructed and operated in accordance with ARM 37.95.227.				INTERPRETATION ◆ See 37.95.227	
YES					
NO					
NA					
(2) Portable wading pools, as defined in ARM 37.95.102, are permitted in day care facilities.				INTERPRETATION ◆ Does the wading pool meet the specifications as defined in 37.95.102?	
YES					
NO					
NA					
(2)(a) When children are utilizing a portable wading pool, an approved caregiver shall always be present and actively supervising.				INTERPRETATION ◆ How does the provider assure supervision when children are using the wading pool? ◆ Is supervision direct (right by the pool) or passive (provider is elsewhere)?	
YES					
NO					
NA					
(2)(b) If the portable wading pool is filled with water and will sit unused for any period of time prior to use by day care children, the caregiver shall equip the wading pool with a barrier to prevent a young child's unsupervised access. (i) A barrier refers to a fence, a wall, or gate or screen that locks.					
YES					
NO					
NA					
(2)(c) Portable wading pools must be emptied after the day's use and sanitized.				INTERPRETATION ◆ Is this done on a daily basis? ◆ What method is used to sanitize the pool?	
YES					
NO					
NA					
(3) Children shall not be permitted in hot tubs, spas, or saunas. (3)(a) Hot tubs must have bolted and securely locked covers. (3)(b) Spas and saunas must be inaccessible to children.				INTERPRETATION ◆ Does the provider have a hot tub or spa or sauna (Indoors or out) on the facility premises? ◆ If so, how is the tub locked? Licensors will need to test lock (pull on it) to determine, whether it is secured. ◆ Are there means of making the spa or sauna inaccessible? What are they? What makes them inaccessible?	
YES					
NO					
NA					
(4) Bathtubs, buckets and other water receptacles shall be emptied immediately after use.				◆ Are there standing bodies of water contained in these types of receptacles?	
YES					
NO					
NA					

37.95.127	SWIMMING (cont.)	Sub-Sections 5 – 8
(5) Ponds shall be fenced to prevent access to children.	<ul style="list-style-type: none"> ◆ Is the pond fenced? Make sure that fencing truly prevents access! ◆ Are there gaps or spaces w/in fencing that children could get through? If so, provider must find a way to secure those areas. 	YES NO NA
(6) All in ground and above ground swimming pools located in the outdoor play space area or accessible to children must be fenced with a locked gate. The fence shall be at least 5 feet high and come within 3 inches of the ground. The fence shall be constructed to discourage climbing. Exit and entrance points shall have self-closing, positive latching gates with locking devices a minimum of 55 inches from the ground. The child care building wall shall not constitute one side of the fence unless there are no openings in the wall. When children are swimming, supervision must include at all times at least one person currently certified in red cross advanced life saving or an equivalent certificate by a recognized organization. This person shall not be counted in the staff-child ratio. One person with a life guard training certificate is required for each group of 25 or fewer children.	INTERPRETATION <ul style="list-style-type: none"> ◆ Is there an in ground pool? ◆ Is it fenced and locked to prevent access ◆ If the pool is used, is there a staff member If the pool is used, is there a staff member currently certified in Water Safety Instruction, who has an appropriate certification in Lifeguard Training, who is certified in advanced lifesaving? 	YES NO NA
(6)(a) Each swimming pool more than 6 feet in width, length or diameter shall be provided with a ring buoy and rope and either a throw line or a shepherd's hook. Such equipment shall be of sufficient length to reach the center of the pool from the edge of the pool and shall be safely and conveniently stored for immediate access.	INTERPRETATION <ul style="list-style-type: none"> ◆ Are these items easily accessible and available? ◆ Can they reach the center of the pool? ◆ Provider should demonstrate this for 2 reasons: <ul style="list-style-type: none"> (1) To show equipment does reach center! (2) To show they know how to use the equipment. *It does no good to have the equipment if person doesn't know how to use it	YES NO NA
(6)(b) All pool pumping equipment shall be screened to prevent access and injury.	INTERPRETATION <ul style="list-style-type: none"> ◆ Can provider show licenser that pumping equipment is screened off? ◆ Is it screened in such a way to truly prevent access? ◆ Is there jagged edges, etc. which could cause injury? 	YES NO NA
(7) Swimming pool safety rules shall be posted near the swimming pool.	INTERPRETATION <ul style="list-style-type: none"> ◆ Are there rules posted? ◆ Child Care Licenser should question the children to determine level of understanding! ◆ Do the children know the rules? 	YES NO NA
(8) The staff-child ratio shall be maintained whenever children participate in swimming activities, including swimming instruction.		YES NO NA

37.95.132		TRANSPORTATION	Sub-Sections 1 - 5
(1) The provider shall obtain written consent from the parent(s) for any transportation provided.		INTERPRETATION <ul style="list-style-type: none"> ◆ Using the QAD/CCL-113, the provider obtains the parent's permission to transport the child(ren). ◆ Any travel restrictions, and use of personal car seats will be listed on this form. ◆ Emergency Transportation when and if necessary is NOT determined by whether this indicator is marked! 	
YES NO NA			
(2) The operator of the vehicle shall be at least 18 years of age and possess a valid Montana driver's license.		INTERPRETATION <ul style="list-style-type: none"> ◆ Is the vehicle operator 18 years of age? ◆ Verify with DOB and proof of current driver's licenses for all who transport the children. ◆ DMV record should also be consulted to determine if person should be transporting children. 	
YES NO NA			
(3) The passenger doors on the vehicle must be locked whenever the vehicle is in motion.		INTERPRETATION <ul style="list-style-type: none"> ◆ All new vehicles after 1995 have "child proof locks." When engaged, the driver is the only one who can unlock the doors (from the driver side control) allowing exiting from the vehicle. ◆ What year of vehicle does the provider have? ◆ If it is a 1995 or newer model, does the provider use the child proof locks? ◆ Can they demonstrate this? ◆ If the vehicle is older than 1995, how does the provider assure that the doors are locked and remain so while the vehicle is in motion? 	
YES NO NA			
(4) With the exception of public transportation that is not required by law to be equipped with safety restraints, no vehicle shall begin moving until all children are seated and secured in age and weight appropriate safety restraints, which must remain fastened at all times the vehicle is in motion. Each child shall have a safety restraint. Children shall not share a safety seat or a safety restraint.		<ul style="list-style-type: none"> ◆ How many car seats are needed? ◆ Does the provider double buckle? ◆ Does the provider have the required number of car seats? ◆ How many children require just safety belts? Are there enough available in the vehicle? ◆ What is the process the provider uses to assure that all children are properly restrained prior to the vehicle's movement? 	
YES NO NA			
(5) Children under four years of age may not be transported in a vehicle which does not provide age appropriate safety restraints or in a vehicle which cannot accommodate a car seat or a booster seat in a manner that conforms with National Highway Transportation Safety Administration recommendations.		INTERPRETATION <ul style="list-style-type: none"> ◆ Does provider transport children under 4 yoa? ◆ What type of vehicle is used for this transportation ◆ Can this vehicle accommodate car seats and boosters? ◆ Buses are not meant to accommodate, nor can they be retro fitted with car seats and boosters. If buses are used, children under 4 cannot be transported in them. 	
YES NO NA			

37.95.132	TRANSPORTATION (cont.)	Sub-Sections 6 – 9
(6) Children shall never be left unattended in a vehicle.	INTERPRETATION ◆ Is there a provider with the children at times when they are in the vehicle? ◆ What is the process when the provider needs to leave the vehicle? ◆ Do the children accompany the provider?	YES
		NO
		NA
(7) The back of pickup trucks must not be used to transport children.		
		YES
		NO
		NA
(8) Facilities providing transportation for children under six years of age or children six years of age but weighing less than 60 pounds shall comply with the following requirements: (a) All vehicles shall be equipped with children's car seats or booster seats that meet federal Department of Transportation recommendations for the age and weight of the child being transported; (b) Car seats or booster seats shall be fastened securely to the seat or to the floor of the vehicle. Children shall be secured with safety belts which are secured within the vehicle according to factory assembly; (c) See 37.95.132(4)	◆ How many car seats are needed? ◆ Does the provider double buckle? ◆ Does the provider have the required number of car seats? ◆ How many children require just safety belts? ◆ Are there enough available in the vehicle? ◆ What is the process the provider uses to assure that all children are properly restrained prior to the vehicle’s movement?	YES
		NO
		NA
		YES
		NO
		NA
(8)(d) There shall be one adult in addition to the driver for each four infants being transported and	◆ How many infants are being transported? ◆ If only 3, then one provider is required. ◆ If there are 4 or more infants being transported then additional staff is necessary!	YES
		NO
		NA
		YES
		NO
		NA
(8)(e) An adult shall accompany each child to and from the vehicle to the child's home or the home authorized by the parents to receive the child.	INTERPRETATION ◆ How does the provider accommodate this transition?	YES
		NO
		NA
(9) See 37.95.132(6) (Same Rule)		

37.95.139		HEALTH CARE REQUIREMENTS		Sub-Sections 1 – 3a	
<p>(1) The parent(s) of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is this info supplied? ◆ In what way - parent statement, QAD/CCL113, Emergency Contact Form? ◆ Is there a release granting permission to contact child's Dr? 			
<p>YES</p> <p>NO</p> <p>NA</p>					
<p>(2) If, while in care, a child becomes ill or is suspected of having a communicable disease reportable to the health department while in care, the parent shall be notified by the provider. The parent is responsible for arranging to have the child taken home.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Exclusionary criteria from day care include the following: <ul style="list-style-type: none"> (1) Fevers of 100.5 rectally or 100 orally or greater; (2) Vomiting or diarrhea until these symptoms subside for 24 hrs; (3) Child has strep throat, impetigo, bacterial conjunctivitis, other skin infections (draining burns, infected hang nails); (4) Generalized rashes (over multiple parts of the body)- incl. chicken pox; (5) Head lice or scabies. 			
<p>YES</p> <p>NO</p> <p>NA</p>					
<p>(3) The director, owner, manager, or person in charge of the day care facility must designate a staff member to check daily the health status of each child immediately upon that child's entry into the day care facility, and to exclude any child showing symptoms of illness, under the following guidelines:</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Who is the Triage Staff? ◆ Do they know exclusionary criteria? ◆ What is their process to determine a child's health status? ◆ What if the child is too ill to attend? What is their process? 			
<p>YES</p> <p>NO</p> <p>NA</p>					
<p>(3)(a) Children must be without fever of 101°F or greater for 24 hours before they return to the day care facility, except that children with immunization-related fevers need not be excluded if they are able to participate in the routine of the day care facility.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ How is this determined? ◆ Parent Statement? ◆ Dr Statement? 			
<p>YES</p> <p>NO</p> <p>NA</p>					
<p>(3)(b) Children must be without vomiting and diarrhea for 24 hours before they return to the day care facility. Vomiting includes 2 or more episodes in the previous 24 hours. Diarrhea is defined as an increased number of stools, increased water in the stool, and/or decreased form to the stool that cannot be contained by a diaper or clothing;</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ How is this determined? ◆ Parent Statement? ◆ Dr Statement? 			
<p>YES</p> <p>NO</p> <p>NA</p>					

37.95.139	HEALTH CARE REQUIREMENTS (cont.)	Sub-Sections 3b – 3g
(3)(c) Children with any of the bacterial infections listed below must be treated with antibiotics for 24 hours before they return to the day care center: (i) Strep throat; (ii) Scarlet fever; (iii) Impetigo; (iv) Bacterial conjunctivitis (pinkeye); and (v) Skin infections such as draining burn or infected wounds or hangnails;	INTERPRETATION ◆ How is this determined? ◆ Parent Statement? ◆ Dr Statement?	YES
		NO
		NA
(3)(d) Generalized rashes, including those covering multiple parts of the body, must be evaluated by a health care provider to determine their cause before the child can return to the day care facility;	INTERPRETATION ◆ Has a physician, health care provider, examined this child's rash? ◆ Has he/she determined child can return to facility?	YES
		NO
		NA
(3)(e) Children with chickenpox may not be admitted to the day care facility until their sores dry up, which usually takes 5 to 7 days. Day care providers must not purposefully expose susceptible children to chickenpox, even with the permission of the susceptible child's parents;	INTERPRETATION ◆ Does the provider understand that he/she CANNOT deliberately expose children to chickenpox? ◆ Have they ever been requested to do so? ◆ Does the provider understand that sores must be dried up before a child can be re-admitted?	YES
		NO
		NA
(3)(f) Children who are jaundiced must be excluded until a health care provider evaluates the cause and authorizes the child to return to the day care facility;	INTERPRETATION ◆ Jaundice is a symptom and should be evaluated only by a physician. ◆ Children who have these symptoms must be excluded until the health care provider evaluates the cause!	YES
		NO
		NA
(3)(g) Children with symptoms of severe illness, such as uncontrolled coughing, breathing difficulty or wheezing, stiff neck, irritability, poor food or fluid intake, or a seizure, must be evaluated by a health care provider before they may return to the day care facility;	INTERPRETATION ◆ Are there children enrolled who have these identified health problems? ◆ Is there documentation that they've seen a Dr regarding the problem? ◆ What are the treatments? ◆ Emergency contact form complete or instructions, medication(s), Dosages? ◆ If Child suffers a seizure - is 911 Called? ◆ Does Provider use 911 in cases of breathing problems, etc?	YES
		NO
		NA

(3)(h) A child need not be excluded for a discharge from the nose which is not accompanied by a fever.

YES
NO
NA

- (4)** If a child develops symptoms of illness while at the day care facility and after the parent or guardian has left, the day care facility must do the following:
- (a)** Isolate the child immediately from other children in a room or area segregated for that purpose;
 - (b)** Contact and inform the parent or guardian as soon as possible about the illness and request the parent or guardian to pick up the child;
 - (c)** Report each case of suspected communicable disease the same day by telephone to the local health authority, or as soon as possible thereafter if no contact can be made the same day.

INTERPRETATION

- ◆ What is the facility procedure for attending to a sick child after the parent has left?
- ◆ Does it meet this criteria?
- ◆ How is this determined?
- ◆ Does the facility follow these steps?

YES
NO
NA

- (5)** When a child is absent, the day care provider shall obtain the reasons so the interest of the other children may be properly protected. If a reportable communicable disease is suspected, the provider shall inform a health officer. No child shall be re-admitted after an absence until the reason for the absence is known and there is assurance that the child's return will not harm that child or the other children. Disease charts that identify the reportable diseases are available from the department.

INTERPRETATION

- ◆ See exclusionary criteria above.
- ◆ If the child has one of these conditions, has the provider contacted the local health authorities?
- ◆ Do they know how to contact the health authorities?
- ◆ For children who have been excluded due to a reportable communicable disease, is there documentation in the child's file from a physician indicating the child is no longer communicable?

YES
NO
NA

- (6)** The day care facility may readmit a child excluded for illness whenever, in its discretion:
- (a)** The child either shows no symptoms of illness;
 - (b)** The child has been free of fever, vomiting, or diarrhea for 24 hours; or
 - (c)** The child has been on antibiotics for at least 24 hours for bacterial infections.

INTERPRETATION

- ◆ Does the provider follow these re-admittance policies?
- ◆ Is this documentation in a child's file?

YES
NO
NA

- (7)** The parent or guardian may also provide the day care facility with a signed certification of health from a licensed physician, except that the following restrictions must be followed:

- (7)(a)** If a child is excluded for shigellosis or salmonella, the child may not be readmitted until the child has no diarrhea or fever, the child's parent or guardian produces documentation that 2 stools, taken at least 24 hours apart, are negative for shigellosis or salmonella, and the local health authority has given written approval for the child to be readmitted to the day care facility;
- (7)(b)** If a child is excluded for hepatitis A virus infection, the child shall remain excluded until either 1 week after onset of illness or jaundice, if the symptoms are mild, or until immune globulin has been administered to appropriate children and staff in the day care facility as directed by the local health authority.

INTERPRETATION

- ◆ Does the provider follow these guidelines?
- ◆ How is it verified?

YES
NO
NA

7a

YES
NO
NA

7b

37.95.140	IMMUNIZATION	Sub-Sections 1 – 3
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- (1) Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9):

Age at Entry **Number of Doses-Vaccine Type** (*) varies depending on vaccine type used.

under 2 months old	no vaccinations required		
by 3 months of age vaccine	1 dose of polio vaccine	1 dose of DTP vaccine	1 dose of Hib
by 5 months of age vaccine	2 doses of polio vaccine	2 doses of DTP vaccine	2 doses of Hib
by 7 months of age vaccine	2 doses of polio vaccine	3 doses of DTP vaccine	*2 or 3 doses of Hib
by 16 months of age	2 doses of polio vaccine 3 doses of DTP vaccine 1 dose of MMR vaccine administered no earlier than 12 months of age *1 dose of Hib vaccine given after 12 or 15 months of age		
by 19 months of age	1 dose of varicella vaccine 3 doses of polio vaccine 4 doses of DTP vaccine 1 dose of MMR vaccine administered no earlier than 12 months of age *1 dose of Hib vaccine given after 12 or 15 months of age		

- (2) If the child is at least 12 months old but not less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry.

- (3) DT vaccine administered to a child less than 7 years of age is acceptable for purposes of this rule only if accompanied by a medical exemption meeting the requirements of ARM 16.28.707 that exempts the child from pertussis vaccination.

- (4) Before a child between the ages of five and 12 may attend a day care facility providing care to school aged children, that facility must be provided with documentation required by (5) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9).

<u>Vaccine</u>	<u>Dosages Required by Age</u>
Polio	Each child must receive at least three doses of polio vaccine, one of which is administered after age four.
DTP or DTaP	Each child must receive at least four doses of DTP or DTaP (diphtheria, tetanus and pertussis) vaccines by age four and one dose of DTaP after age four but before age seven, unless a licensed health care provider has issued a medical exemption for the pertussis portion of the DTP or DTaP vaccine. If a medical exemption has been issued for pertussis, the child must receive at least four doses of DT, DTP, and DTaP vaccines before age four and one dose of the DT vaccine after age four but before age seven. Because neither DTP nor DTaP vaccines are recommended or required for a child older than age seven, a child in the day care age seven or older who has not received the four doses for DTaP or DTP vaccinations described above must receive a Td vaccine (tetanus and diphtheria vaccine intended for persons seven years of age or older) as soon as possible and must then receive sufficient additional Td doses to reach a minimum of three doses of any combination of DTP, DTaP, DT, or Td.
Td	Each child in the day care must receive a Td tetanus diphtheria vaccine intended for children younger than seven years of age booster shot unless the child has had a DTP, DTaP, DT, or Td shot within the previous five years or the child received a Td shot at seven years of age or older.

37.95.140	IMMUNIZATION (cont.)	Sub-Section 5 – 9
<p>(5) Documentation of immunization status for purposes of this rule consists of a completed Montana certificate of immunization form (HPS-101), including the date of birth, the name of each vaccine provided, and the month, day, and year of each vaccination.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Does each child who is enrolled have an HES 101 on file? ◆ Or is the child's record from medical clinic attached to HES101? Is copy of parents wallet card attached? ◆ Is it properly signed?
<p>COMMENTS: FOR 1-5 of 37.95.140</p>		
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(6) In order to continue to attend a day care facility, a child must continue to be immunized on the schedule described in (1) and must be immediately excluded from attendance in the day care facility if the child is not vaccinated on that schedule with all of the required vaccines, or does not have on file at the day care facility a record of medical exemption or a conditional enrollment form which indicates that no vaccine dose is past due.</p>		<p>INTERPRETATION Questions to ask:</p> <p>(1) Does child have immunizations on file?</p> <p>(2) If NO, Why?</p> <p>(3) If for medical reasons, is there an exemption statement on file? If No, then provider must arrange to receive one or must exclude the child.</p> <p>(4) If child has begun immunizations, but is behind in schedule, then is there a conditional enrollment form? Does provider understand the conditional enrollment form? Do they understand that if child doesn't receive next doses on schedule he/she may not return to care?</p>
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(7) Hib vaccine is not required or recommended for children 5 years of age and older.</p>		
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(8) Doses of MMR vaccine, to be acceptable under this rule, must be given no earlier than 12 months of age and a child who received a dose prior to 12 months of age must be re-vaccinated before attending a day care facility.</p>		
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(9) A child may initially conditionally attend a day care facility if :</p> <p>(a) The child has received at least 1 dose of each of the vaccines required for the child's age;</p> <p>(b) A form prescribed by the department documenting the child's conditional immunization status is on file at the day care facility and is attached to the department's Montana certificate of immunization (HPS-101); and</p> <p>(c) The child is not past due for the next required dose (as noted on the conditional enrollment form) of the vaccine in question.</p>		<p>INTERPRETATION Questions to ask:</p> <p>(1) Does child have immunizations on file?</p> <p>(2) If NO, Why?</p> <p>(3) If for medical reasons, is there an exemption statement on file? If No, then provider must arrange to receive one or must exclude the child.</p> <p>(4) If child has begun immunizations, but is behind in schedule, then is there a conditional enrollment form? Does provider understand the conditional enrollment form? Do they understand that if child doesn't receive next doses on schedule he/she may not return to care?</p>
<p>YES</p> <p>NO</p> <p>NA</p>		

37.95.140	IMMUNIZATION (cont.)	Sub-Sections 10 – 13
<p>(10) If a child in attendance at the day care facility, a resident of the day care facility, or a staff member or volunteer contracts any of the diseases for which this rule requires immunization, all individuals infected and all persons attending the day care facility who are not completely immunized against the disease in question or who are exempted from immunization must be excluded from the day care facility until the local health authority indicates to the day care facility that the outbreak is over.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Local health authority is responsible for the contacting and follow-up! ◆ Master list of parents is necessary for this reason. 	YES
		NO
		NA
<p>(11) The day care facility must maintain a written record of immunization status of each enrolled child and each child of a staff member who resides at the day care facility. The facility must make those records available during normal working hours to representatives of the department or the local health authority.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Does each child who is enrolled have a HES 101 on file? ◆ Is it properly signed? 	YES
		NO
		NA
<p>(12) A child seeking to attend a day care facility is not required to have any immunizations which are medically contraindicated. A written and signed statement from a physician that an immunization is medically contraindicated will exempt a person from the applicable immunization requirements of this rule.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Are there children who are not immunized due to medical reasons? ◆ Are the necessary documents on file? 	YES
		NO
		NA
<p>(13) A child under 5 years of age seeking to attend a day care facility is not required to be immunized against Haemophilus influenza type B if the parent or guardian of the child objects thereto in a signed, written statement indicating that the proposed immunization interferes with the free exercise of the religious beliefs of the person signing the statement.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Religious exemption against HiB is allowed. Documentation must exist in child's file regarding this. 	YES
		NO
		NA

37.95.141	CHILDREN'S RECORDS	Sub-Sections 1 – 6
<p>(1) The facility shall keep a daily attendance record of the children for whom care is provided.</p> <p>YES</p> <p>NO</p> <p>NA</p>	<p>INTERPRETATION See Also, 37.95.702(5)</p> <ul style="list-style-type: none"> ◆ Does the provider keep an attendance log? In what way? ◆ Parents sign in/sign out? ◆ Is there a record of daily attendance on each child? ◆ Does the record clearly show the days that each child attended care? 	
<p>(2) The facility shall have a master list of the name, address and phone number of all children in their care and their parents.</p> <p>YES</p> <p>NO</p> <p>NA</p>	<p>INTERPRETATION See Also, 37.95.702(6)</p> <ul style="list-style-type: none"> ◆ Is there a master list? Is it complete? ◆ Can it be made readily available to the dept? ◆ Does the list contain Name, Address & Phone # of children and Parents? 	
<p>(3) If medications are administered at the facility, the facility shall maintain a medication administration log.</p> <p>YES</p> <p>NO</p> <p>NA</p>		
<p>(4) All records of the facility shall be made available to the department upon request.</p> <p>YES</p> <p>NO</p> <p>NA</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ See Also, 37.95.702(7) 	
<p>(5) Prior to a child being enrolled or entered into a day care facility, the following information must be on file:</p> <ul style="list-style-type: none"> (a) written information on each child explaining any special needs of the child, including allergies; (b) a release or authorization of persons allowed to pick up the child; (c) necessary medical forms, including all medication authorization and administration logs, signed and updated immunization records and the names of emergency contact persons; (d) an emergency consent form. This form must accompany staff when children are away from the day care site for activities; and (e) a record of each fire drill conducted pursuant to ARM 37.95.706, including who conducted the drill, when the drill took place, how many adults and children were present, the time of day the drill occurred and how long it took to evacuate. <p>YES</p> <p>NO</p> <p>NA</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is there info on each child? ◆ How is it documented? ◆ QAD/CCL 113 or other manner? ◆ Is the provider aware of special indications (special needs, allergy issues, etc.) for the child(ren)? ◆ Does the provider know who is allowed to pick up child? ◆ Does staff take 113 form with them on field trips? 	
<p>(6) The information supplied in (5) (a) through (d) must be maintained on forms provided by the department and must be signed by the parent or guardian.</p> <p>YES</p> <p>NO</p> <p>NA</p>		

37.95.146	LICENSE/REGISTRATION NOT TRANSFERABLE	Sub-Sections 1 – 3
<p>(1) The registration certificate or license is not transferable to another operator or site.</p> <p>(2) A license or registration is valid only for the person and premises for which it was issued. A license or registration may not be sold, assigned, or transferred.</p>		<p>INTERPRETATION</p> <p>◆ Does the certificate that is posted pertain to this particular site/location</p>
		YES
		NO
		NA
<p>(3) Upon discontinuance of the operation or upon transfer of ownership of the facility, the license or registration certificate must be physically returned to the department.</p>		
		YES
		NO
		NA
37.95.149	LICENSE FOR EACH PREMISES	Sub-Section 1
<p>(1) Separate registration certificates and licenses shall be required for programs maintained on separate premises, even when operated by the same provider.</p>		
		YES
		NO
		NA
37.95.150	LICENSE OR REGISTRATION CERTIFICATE TO BE POSTED	Sub-Section 1
<p>(1) Each day care facility must post its license in plain view where it is readily viewable by parents dropping off or picking up children.</p>		
		YES
		NO
		NA
37.95.153	NOTICE OF CHANGES	Sub-Section 1
<p>(1) The department must be notified of any changes, including changes in staff, changes in the category of children in day care, or changes to the day care property, that would affect the terms of the registration or licensure.</p>		<p>INTERPRETATION</p> <p>◆ Have the staff members in attendance been approved by Dept?</p> <p>◆ Are the numbers of children present consistent with the # listed on certificate?</p> <p>◆ Are there other concerns that the department has not been made aware of, that should have been reported</p>
		YES
		NO
		NA

37.95.155	FACILITY RECORDS		Sub-Sections 1 – 2
(1) The provider shall maintain all policies, records, and reports that are required by the department. These policies must be reviewed and updated annually by the facility.	INTERPRETATION <ul style="list-style-type: none"> ◆ Are the requirements as outlined in 37.95.115, 141, 155 and 160 met? ◆ Are the necessary documents reviewed annually by provider and parents? Are new contracts signed? New Emergency Contact signed? Med's authorizations signed as needed? OTC signed annually? ◆ Are Med admin forms completed appropriately and properly maintained to protect child's privacy? 		
YES			
NO			
NA			
(2) The department must be given access to all records and an opportunity to copy the records whenever children are in care.	INTERPRETATION <ul style="list-style-type: none"> ◆ Does the provider understand this requirement? Are they cooperative in giving the department access? ◆ Are records easily accessed by dept staff? 		
YES			
NO			
NA			
37.95.156	CONFIDENTIALITY REQUIREMENTS		Sub-Section 1
(1) The provider and all staff and volunteers shall maintain personal information about the child and the child's family as confidential.	INTERPRETATION <ul style="list-style-type: none"> ◆ Providers should be reminded that any and all information about the child and his/her family is considered confidential and is not to be disclosed to any other parent of the day care facility or any other persons. 		
YES			
NO			
NA			
37.95.160	STAFF RECORDS		Sub-Section 1
(1) The provider shall maintain records regarding each care-giver which include: <ul style="list-style-type: none"> (a) a record of training and verifiable experience; (b) results of a criminal and protective services background check; (c) personal statement of health and verification of CPR and first aid; and (d) immunization records that establish compliance with ARM 37.95.140 	INTERPRETATION: <ul style="list-style-type: none"> ◆ Does the provider maintain a record/file on each employee? ◆ Is there an application for employment that shows experience/training? Did the provider verify that experience? In what way? ◆ Is this information contained w/in that file? In what way? ◆ Is the information current and up to date? 		
YES			
NO			
NA			

37.95.160	STAFF RECORDS (cont.)	Sub-Section 2
(2) The facility shall maintain a current list of staff that specifies each staff person's legal name, position, age, residential and mailing addresses, and phone numbers.	INTERPRETATION: <ul style="list-style-type: none"> ◆ Is the staff list current and up to date? ◆ Does the list include the information concerning name, position, address phone numbers and age? ◆ Is this list easily obtained? ◆ How does the provider up date this list when new staff are hired? 	
		YES
		NO
		NA

37.95.161	CRIMINAL BACKGROUND CHECKS	Sub-Sections 1 – 3
(1) A satisfactory criminal background, motor vehicle, and child and adult protective services check is required for each day care provider, on all staff, including caregiver, administrative staff, aides, volunteers, kitchen and custodial staff, and all persons over the age of 18 residing in the day care facility or who stays in the day care facility regularly or frequently.	INTERPRETATION <ul style="list-style-type: none"> ◆ Do staff records show that this has been done? ◆ Are the results acceptable? Does the provider know which crimes are disqualifiers? ◆ CCL will have to discuss this with provider to ensure a complete understanding of the crimes which disqualify a person. 	
		YES
		NO
		N/A

(2) If the provider, staff member, volunteer, or resident has always lived in Montana, a Montana based criminal background check will be conducted based upon a name based criminal records check.	INTERPRETATION <ul style="list-style-type: none"> ◆ Was a name based check performed on each staff person? By whom? Department or provider? ◆ Are these records properly maintained? ◆ Are the results acceptable? Does the provider know which crimes are disqualifiers? ◆ CCL will have to discuss this with provider to ensure a complete understanding of the crimes which disqualify a person 	
		YES
		NO
		N/A

(3) If the provider, staff member, volunteer, resident of the facility, or any person who regularly or frequently stays in the facility, has lived outside of Montana for any portion of the previous 5 years, that person must submit a completed fingerprint card so that a fingerprint based criminal records check can be requested.	INTERPRETATION <ul style="list-style-type: none"> ◆ Among the staff, who if any has lived out of state in the last 5 yrs? How does the provider know this? Does the employment application ask this? Or is it known from the ROI? ◆ Did these persons submit fingerprints? ◆ Have the results come back? Does the hx indicate a disqualifying background 	
		YES
		NO
		N/A

37.95.161	CRIMINAL BACKGROUND CHECKS (cont.)	Sub-Sections 4 – 8
<p>(4) If an applicant has lived in states other than Montana, a check will be made of the violent offender and criminal history registries if this information is available for states in which the applicant has lived.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is there verification that these other registries were checked? In what way? Is this information maintained in CCUBS 	YES
		NO
		NA
<p>(5) If after 45 days, the department has been unable to obtain results of a criminal records check for an applicant who has lived in Montana for at least five years, the applicant must sign an affidavit attesting to his lack of criminal history or to the details of existing criminal history. The affidavit will be accepted in lieu of receipt of results from a criminal history check.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ There may be times when a person cannot obtain readable fingerprints. In this case, if attempts to gain criminal information using fingerprints fail, the applicant will sign an affidavit and a State/Federal name based check will be performed 	YES
		NO
		NA
<p>(6) An applicant who has not lived in Montana for at least five years cannot be licensed without receipt of results of a criminal records check from every state in which the applicant has lived since the age of 18.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Licensure or approval cannot be made until this information is obtained. ◆ If the person has lived out of state w/in the last five years, an FBI fingerprint check will be conducted. This will give us information for any state the person has resided in. 	YES
		NO
		NA
<p>(7) An annual name based criminal records check for all providers, all staff, including caregivers, administrative staff, aides, volunteers, kitchen and custodial staff, and persons residing in the day care facility, is required for relicensure.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Has this information been submitted to the department upon renewal? ◆ Or has the Center requested these checks of themselves prior to submitting the renewal application 	YES
		NO
		NA
<p>(8) Persons formerly licensed as day care providers will be treated as new applicants if the former provider has not been licensed for a period of more than one year or if the provider has lived out-of-state for any period of time since being licensed in Montana.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Has the provider been out of the 'field' for one or more years? ◆ Has the provider lived in another state during this time? Have they lived out of state since being licensed? ◆ If yes, the application is considered a NEW application and new provider procedures need to be followed 	YES
		NO
		NA

37.95.161	CRIMINAL BACKGROUND CHECKS (cont.)	Sub-Section 9
(9) A name based check for criminal records will be used for applicants who have lived in Montana since the expiration of their previous license or registration if it has been less than one year since the expiration of the license.	INTERPRETATION ◆ Fingerprint checks will be done only once, unless the person has moved out of state since the last licensure. Otherwise, name based checks are done upon renewal of the license	YES
		NO
		N/A
37.95.162	REQUIRED ANNUAL TRAINING	Sub-Sections 1 – 3
(1) The provider and all care-givers at any day care facility must each verify that they have successfully completed a minimum of at least eight hours of approved education/training annually, unless otherwise specified in these rules, within the 12 months prior to license/registration expiration or the license/registration anniversary date.	INTERPRETATION: ◆ Does each worker, who works 160+ hours a year have verifiable training through the ECP or via college transcripts? ◆ Has the training occurred during the 12 month license span? ◆ New employees have a full year from date of hire to complete the 8 hours. After that first year, the training must coincide with the license year.	YES
		NO
		NA
(2) Training may be obtained from the department or other department approved professional child care education and development programs offered: (a) by national, state, or local child care organizations; (b) by institutions of higher education that are regionally accredited; or (c) through the successful completion of college level course work in early childhood areas or child development.	INTERPRETATION: ◆ Training approval for the most part is conducted through the Early Childhood Project. Verification of training approval and the individual's training record is found at www.montana.edu/ecp/personnel . ◆ College coursework is allowable, and transcripts must be submitted. ECP can assist in assessing the coursework's applicability. ◆ It's important that college coursework be from colleges and universities that are regionally accredited. Again, ECP can assist in assessing this information	YES
		NO
		NA
(3) Approved education and training must relate to the Montana Early Care and Education Knowledge Base and must fall within the following categories: (a) personal attributes/characteristics; (b) health, safety, and nutrition which may include training on prevention of sudden infant death syndrome (SIDS) and medication administration; (c) child growth and development; (d) environmental design; (e) child guidance; (f) family and community partnerships; (g) program management; (h) curriculum; (i) observation and assessment; (j) professionalism; or (k) cultural and developmental diversity.	INTERPRETATION: ◆ All training approved through ECP will meet one or more of these categories. ◆ Training offered outside of the R&R arena can be approved, but contact by the provider with staff from ECP will need to be done and the appropriate approval sought, before the Department can consider the coursework toward the required training/education hours	YES
		NO
		NA

37.95.162	REQUIRED ANNUAL TRAINING (cont.)	Sub-Section 4
(4) With the exception of volunteers, any person who provides care to children in a day care facility for at least 160 hours a year is required to successfully complete eight hours of approved education or training annually.	INTERPRETATION: <ul style="list-style-type: none"> ◆ How does the provider inform the department of this? ◆ Currently this is a pretty informal process—the department takes the providers word on the number of hours an employee works. If there is ever a question, CCL will need to look at employment records, interview the employee/caregiver or may have to interview other employee/caregivers. 	
		YES
		NO
		NA

37.95.171	MANDATED REPORTING	Sub-Section 1
(1) The director, assistant director or any staff member of the day care facility who has reason to suspect that any child is or has been abused or neglected is required to personally report the matter promptly to the department child abuse hotline at 1 (866) 820-5437. The day care provider or staff member shall make the report within 24 hours of receiving information concerning suspected child abuse or neglect.	INTERPRETATION <ul style="list-style-type: none"> ◆ The provider will be given appropriate information about his/her responsibility for reporting child abuse and neglect. ◆ As mandatory reporters, day care providers MUST report any suspicion of abuse/neglect. ◆ Providers should be given information about training opportunities regarding child abuse and neglect, specifically, what constitutes CA/N. ◆ Child Care Licensor should be available to help providers locate such training or assist providers in understanding the reporting requirements. 	
		YES
		NO
		NA

37.95.172	SUPERVISION AT ALL TIMES	Sub-Sections 1-2
(1) Caregivers must supervise children at all times. (2) The provider and all caregivers shall be responsible for direct care, protection, supervision, and guidance of children through active involvement or direct observation	INTERPRETATION <ul style="list-style-type: none"> ◆ How does the facility maintain supervision? ◆ Are they actually involved, or passively observing? ◆ Does the facility staff behave in ways which promote direct care? (i.e., How do staff interact w/children?) ◆ Are activities child or adult directed? ◆ Do staff, behave in ways to promote maximum protection on all levels for the children? ◆ How is this demonstrated? 	
		YES
		NO
		NA

37.95.181	MEDICATION ADMINISTRATION	Sub-Section 1 – 3
<p>(1) No day care employee, owner, or operator may administer any medication to a child without the written authorization of the parents including the child's name, date or dates for which the authorization is applicable, dosage instructions, and the signature of the child's parent or guardian.</p>	<p>INTERPRETATION:</p> <ul style="list-style-type: none"> ◆ ◆ Does the provider administer medication? Is this information included in the policy information given to parents? ◆ If yes, has the provider required parents to complete the Medication Authorization Form before medication is given to a child? ◆ Does the Authorization form used by the provider contain all the pertinent information required by this rule? ◆ Does the provider understand the department's definition of medication? Do they understand that common ointments, OTC's, etc are now considered medication? 	YES
		NO
		NA
<p>(2) If an emergency arises and the parents or guardian of the child is unavailable, an employee, owner, or operator may administer medicine to a child if:</p> <p>(a) a medical practitioner provides a written authorization containing the child's name, date or dates for which the authorization is applicable, dosage instructions, and the medical provider's signature; or</p> <p>(b) a medical practitioner, emergency service provider, or 911 responder verbally directs the employee, owner, or operator of the day care facility to immediately administer a medicine to the child, in which case the child must then be transported to a health care facility or a medical practitioner for follow up care within a reasonable time by the child's parent or guardian or by an employee, owner, or operator of a day care facility.</p>	<p>INTERPRETATION:</p> <ul style="list-style-type: none"> ◆ Does the contract between the parent and the provider address what will happen should an emergency occur? Has the parent acknowledged this action by signing the document? ◆ What steps did the provider take to locate the parent? Are these attempts documented? ◆ As a result of the call to emergency personnel or to the child's physician, was the child taken to the medical facility? ◆ Is this appropriately documented? What was the result? ◆ How was the parent informed of this? 	YES
		NO
		NA
<p>(3) An employee, owner, or operator of a day care facility may not give medication to a child in a manner that is inconsistent with the container instructions on dosage or frequency unless directed to do so by a medical provider as provided in 52-2-736, MCA.</p>	<p>INTERPRETATION:</p> <ul style="list-style-type: none"> ◆ When administering medication, does the provider following the labeling instructions? ◆ How does the provider measure the medication? ◆ Measuring devices should be provided by the parent with that child's respective medication. The measuring device should also be labeled with the child's name and only used for that child. ◆ There should not be a 'universal' measuring device used for all children. ◆ Does the provider use the medication for the purpose for which it was intended? For example, one would not use a cough medicine in order to elicit sleep. ◆ Providers must be informed that if a parent requests the use of a medication for other than the labeled purpose, a statement about using the medicine in that manner must be obtained from the child's doctor before the provider may give it. ◆ 	YES
		NO
		NA

37.95.181	MEDICATION ADMINISTRATION (cont.)	Sub-Sections 4 – 4c
<p>(4) If the provider/facility elects to administer medication to children, the provider/facility must maintain the following documentation on site:</p> <p>(a) A medication record which includes:</p> <ul style="list-style-type: none">(i) the written authorization of the parents for the caregiver to administer medication;(ii) the prescription by a health care provider if required; and(iii) a medication administration log.	<p>INTERPRETATION:</p> <ul style="list-style-type: none">◆ For each child for whom medication has been administered, is this information contained in the medication record?◆ The medication record includes:<ul style="list-style-type: none">• Written/signed authorization;• Prescription or OTC authorization form;• Administration Log.◆ Does the administration log record the date and time the medication is to be given? The route?◆ Is the administration log signed by the person admin. The medication?◆ Who actually administers the medications? Is there more than one person? Does the facility appoint one person to administer medication to avoid confusion and inadvertent administering of the medication?	
YES		
NO		
NA		
<p>(4) (b) a written medication administration policy which includes at a minimum:</p> <ul style="list-style-type: none">(i) types of medication which may be administered; and(ii) medication administration which may be administered; and including the route of medication administration, the amount of medication given, and the times when medication is to be administered; and	<p>INTERPRETATION:</p> <ul style="list-style-type: none">◆ Does the provider have a written administration policy?◆ Does the provider require parents to read and understand this policy? Does the provider require parents to sign the document (or the contract) indicating they understand the policy and any restrictions contained within it?	
YES		
NO		
NA		
<p>(4) (c) A health care and medication plan for children who may have special health care needs or those requiring medication for chronic health conditions which has been approved by a health care provider licensed in Montana.</p>	<p>INTERPRETATION:</p> <ul style="list-style-type: none">◆ Beyond the medication administration authorization, are there other documents (medication or otherwise) on file to assist the provider in attending to children’s special health needs? For example, special health plans are usually indicated for children with asthma, diabetes, or for children who have seizures, among other conditions. Children w/ special health needs often have an ACTION PLAN document which will highlight issues, define actions and proscribe steps to take to protect the child’s health.◆ Is there medical documentation or documentation from a medical person (doctor, Respiratory therapist, mental health therapist) regarding instruments use (such as a nebulizer or feeding tube), activities needed to protect the child’s mental or physical health etc?◆ Does the provider understand the information provided?◆ If the child’s condition requires equipment, does the provider understand how to use the medical equipment? Are they comfortable in doing so?◆ Any documents must be signed by the individual prescribing the medicine or special equipment.	
YES		
NO		
NA		

37.95.182	STORAGE AND ADMINISTRATION OF MEDICATION	Sub-Sections 1 - 4
<p>(1) Any prescription medication brought to into the facility by the parent, legal guardian, or responsible relative of a child shall be dated and shall be kept in the original container labeled by a pharmacist with the following information:</p> <ul style="list-style-type: none"> (a) child's first and last name; (b) the date the prescription was filled; (c) the name of the health care provider who wrote the prescription; and (d) the medication's expiration date, and specific legible instructions for administration, storage, and disposal (i.e., the manufacturer's instruction or prescription label). 	<p>INTERPRETATION:</p> <ul style="list-style-type: none"> ◆ Are Rx medications contained in original containers that are properly labeled? ◆ Is the medication designated for a single child? Medications are not be shared. ◆ How does the provider intend to dispose of the medication? ◆ Is a Medication Authorization Form completed 	<p>YES</p> <p>NO</p> <p>NA</p>
<p>(2) Any nonprescription medication brought into the facility for use by a specific child shall be labeled with the following information:</p> <ul style="list-style-type: none"> (a) the date; (b) child's first and last name; (c) specific legible instructions for administration and storage (i.e., the manufacturer's instructions); and (d) the name of the health care provider, parent, or guardian who made the recommendation. 	<p>INTERPRETATION:</p> <ul style="list-style-type: none"> ◆ Are OTC medications contained in original containers that are properly labeled? ◆ Is the medication designated for a single child? Medications are not to be shared. ◆ How does the provider intend to dispose of the medication ◆ Has the parent completed the OTC Authorization form? Is there a name of physician on this form—has the OTC been recommended by a physician or just the parent? Is that indicated on the OTC Authorization form? 	<p>YES</p> <p>NO</p> <p>NA</p>
<p>(3) All medications, refrigerated or unrefrigerated, shall:</p> <ul style="list-style-type: none"> (a) have child-protective caps; (b) be kept in an orderly fashion; (c) be stored away from food at the proper temperatures; and (d) kept in a location inaccessible to children or kept in a locked box. 	<p>INTERPRETATION:</p> <ul style="list-style-type: none"> ◆ In what manner is medication stored? ◆ Does each medication have a child-resistant cap? ◆ What does (b) mean to the provider? Is the medication stored in a way that will prevent the inadvertent administration to the wrong child? ◆ Is it stored accordingly? ◆ In what way is the medication stored separate from food? Is it in a lock box, or if refrigerated, is it kept in a manner that will prevent it from being wrongly identified as a food product? ◆ Can children access the medication? If not kept in a locked box, medication should be kept completely out of reach of children. CCL may want to ask a child to reach the area where med's are kept to ascertain whether 'accessibility' is an issue. 	<p>YES</p> <p>NO</p> <p>NA</p>
<p>(4) Medication shall not be used beyond the date of expiration.</p>	<p>INTERPRETATION:</p> <ul style="list-style-type: none"> ◆ Carefully examine the container for expiration date. This applies to Rx and OTC medications. ◆ What is the providers procedure for discarding expired medication 	<p>YES</p> <p>NO</p> <p>NA</p>

37.95.183	FIRST AID REQUIREMENTS	Sub-Sections 1 - 4
<p>(1) Each provider shall adopt and follow written policies for first aid consistent with recommendations from the American Red Cross. These policies must include but are not limited to:</p> <p>(a) procedures for handling medical emergencies, including calling the emergency Montana Poison Control Center at 1 (800) 222-1222 when a child is suspected of having ingested any poisonous or toxic substance; and</p> <p>(b) directions for calling parents or someone else designated as responsible for the child when a child is sick or injured.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is the poison control number clearly posted by each phone in the facility? ◆ While the rule doesn't specify these must be in writing, the intent of the phrase must include direction... "Assumes the material to be in written form. The word "policy" assumes "a writing". 	<p>YES</p> <p>NO</p> <p>NA</p>
<p>(2) A first aid kit must be kept on site at all times and must at a minimum contain:</p> <p>(a) Unexpired syrup of ipecac (one ounce bottle) which may be administered only upon directive from the Emergency Montana Poison Control Center or upon directive of the local emergency service program (i.e., 911 operator, local hospital, or physician);</p> <p>(b) sterile, absorbent bandages;</p> <p>(c) a cold pack;</p> <p>(d) tape and a variety of band-aids;</p> <p>(e) tweezers and scissors;</p> <p>(f) the toll free number for the Emergency Montana Poison Control Center, 1(800) 222-1222;</p> <p>(g) disposable single use gloves.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Are these items contained in the first aid kit? 	<p>YES</p> <p>NO</p> <p>NA</p>
<p>(3) the director, owner, manager, or person in charge of the day care facility shall take precautions to minimize the risk of any child suffering sunburn and to minimize the risk of any child contracting west nile virus; and</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ What is the facility policy for use of sunscreen and bug repellent? Is the OTC completed? ◆ If parent doesn't want these products used, what agreement has been made to minimize risk of sunburn and exposure to mosquitoes 	<p>YES</p> <p>NO</p> <p>NA</p>
<p>(4) Each day care provider is responsible for notifying the department of any environmental or facility hazard which affects the health of, welfare, or safety of children in care.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Does the provider know the appropriate numbers to call to inform of such hazards? ◆ CCL needs to discuss with provider the various issues that could make this reporting necessary, i.e., remediation of the facility grounds, discovery of mold with/in the facility, insect infestations, or even the residence of a new family member who may have a criminal background, etc 	<p>YES</p> <p>NO</p> <p>NA</p>

37.95.183	FIRST AID REQUIREMENTS (cont.)	Sub-Sections 5 - 7
(5) A portable first aid kit containing at least the items listed in (2) above must accompany staff and children on trips away from the facility.	INTERPRETATION <ul style="list-style-type: none"> ◆ Does a provider have a portable first aid kit? ◆ Is it taken on field trips? ◆ Does it contain each of the items listed in (12) above? 	YES NO NA
(6) The provider shall submit a report to the appropriate local office of the department within 24 hours after the occurrence of an accident causing injury to a child which resulted in the child being hospitalized, requiring ambulance transport or intervention, or physician treatment, or any fire in the facility when the services of the fire department were required. A copy of the report shall be provided to the parents of the children involved, and a copy retained on file at the day care facility.	INTERPRETATION <ul style="list-style-type: none"> ◆ If a child is injured while in care, the provider shall call the local licensing office to report that the child was injured and required hospital attention. ◆ Additionally, if a fire occurs--no matter the degree--the provider is to inform the local licensing worker of the occurrence. ◆ Have these types of incidence occurred? ◆ Has the provider responded and documented appropriately? ◆ What was cause of action? Was it appropriate? 	YES NO NA
(7) A notation of all injuries must be made on the child's medical record including the date, time of day, nature of the injury, treatment, and whether the parent was notified.	INTERPRETATION <ul style="list-style-type: none"> ◆ Does the provider keep an injury log? ◆ Is the information contained w/in that log understandable? Does it properly follow a course of action? ◆ This is one method for notating injuries! ◆ Does it contain this info? 	YES NO NA
37.95.184	HEALTH HABITS	Sub-Sections 1 – 2
(1) Good health habits, such as washing hands, must be taught during everyday activities. The care-givers must ensure that each child washes his hands: <ul style="list-style-type: none"> (a) before eating; (b) before participating in food preparation activities; and (c) after using the toilet. 	INTERPRETATION <ul style="list-style-type: none"> ◆ How does the provider teach hand washing? ◆ Could a child demonstrate what they've learned about hand washing? 	YES NO NA
(2) Every employee, volunteer, or resident at a day care facility must: <ul style="list-style-type: none"> (a) be excluded from day care facility if the person has a communicable disease, a sore throat or cold that is accompanied by a fever of 101°F or greater, or if the person exhibits any of the symptoms outlined in ARM 37.95.139(4) for which a child would be excluded; 	INTERPRETATION <ul style="list-style-type: none"> ◆ Does the facility exclude sick staff according to rules above? 	YES NO NA

37.95.184	HEALTH HABITS (cont.)	Sub-Sections 2b – 2c
<p>(2)(b) Wash their hands and exposed portions of their arms with a cleaning compound in a sink by vigorously rubbing together the surfaces of their lathered hands and arms for at least 20 seconds and thoroughly rinsing with clear water, paying particular attention to the areas underneath the fingernails and between the fingers, at the following times.</p> <p>(i) After touching bare human body parts other than clean hands and clean exposed portions of arms;</p> <p>(ii) After using the toilet;</p> <p>(iii) After every diapering;</p> <p>(iv) After coughing, sneezing, or using a handkerchief or disposable tissue;</p> <p>(v) Immediately before engaging in food preparation and before feeding any child;</p> <p>(vi) During food preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; and</p> <p>(vii) After engaging in other activities that contaminate the hands; and</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Do staff wash their hands at these times? Worker observation will help support this requirement! ◆ Does the staff receive training on proper hand washing techniques? ◆ Are there posters available by wash basins giving the proper instructions? ◆ How about the children? ◆ What is the procedure for hand washing?

YES
NO
NA

<p>(2)(c) Provide documentation of complete measles, mumps, and rubella immunizations and a tetanus and diphtheria booster within the 10 years prior to commencing work, volunteering, or residing at the day care facility.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Do we have copies of staff person's immunizations on file? ◆ We should have this prior to considering staff person approved! ◆ See Also 37.95.109(7)
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YES
NO
NA

37.95.702	STAFFING AND ADDITIONAL REQUIREMENTS	Sub-Sections 1 – 2
<p>(1) Except for approved overlap care there shall be at least 2 caregivers caring for the children at all times when there are more than 6 children present at the home</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is the secondary caregiver? ◆ Have they been approved by the dept? ◆ How many children are present—worker observation will determine compliance with this rule. ◆ Is this an approved overlap time?
<p>(2) There shall be no more than six infants in a group day care home or three infants in a family day care home at any time, unless care is provided for infants only.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ How Many Infants? ◆ FDC = Are there children over the age of two in attendance? If so, are there 3 or less infants in the facility? ◆ GDC = Are there children over the age of two in attendance? If so, are there 6 or less infants in the facility?

YES
NO
NA

37.95.702	STAFFING AND ADDITIONAL REQUIREMENTS (cont.)	Sub-Sections 3 – 5
(3) There shall be sufficient staff so that an adult is always present and supervising all children.	INTERPRETATION ◆ Is supervision direct? ◆ What is the plan for supervision? ◆ FDC supervision VS. GDC supervision?	YES NO NA
(4) Except for approved overlap care, the provider may not provide care for a child if caring for that child would cause the provider to exceed the number of children the provider is registered to care for on the registration certificate.	INTERPRETATION ◆ What is the number of children approved on the license? ◆ Is the provider over that number? ◆ What about approved overlap times? ◆ Is the provider currently in that overlap time?	YES NO NA
(5) The provider shall maintain an up-to-date master list with the name, address, and phone number of all children in care and their parents or guardians.	INTERPRETATION ◆ Is this list readily available? ◆ Does it contain all the information required by the rule?	YES NO NA
37.95.703	PROVIDER RESPONSIBILITIES / QUALIFICATIONS	Sub-Section 1
(1) The provider and all persons responsible for children in the day care home must: (a) be at least 18 years of age; (b) demonstrate they are physically, emotionally, and mentally capable of performing the essential function of their position with or without reasonable accommodations; (c) be free of communicable disease; (d) have met the immunization requirements of ARM 37.95.140; and (e) demonstrate they are of good moral character.	INTERPRETATION ◆ Verify through application background check and interview with provider that no one under 18 is left in charge of children. ◆ To determine if the provider is free from communicable disease, we must verify immunization status (HES101). QAD/CCL-33 will also give us this information. ◆ Are there written records re: this information? ◆ “Good moral character” is defined in [state law] as “a personal history of honesty, trustworthiness, and fairness; a good reputation for fair dealings; and respect for the rights of others and for the laws of this state and nation.” ◆ The department primarily uses the results from the CPS or DOJ record to make this determination.	YES NO NA

37.95.703	PROVIDER RESPONSIBILITIES / QUALIFICATIONS (cont.)	Sub-Sections 2 – 5
<p>(2) The provider and all staff, including caregivers, aides, volunteers, kitchen and custodial staff, and persons over age 18 residing in the day care facility or staying in the facility on a regular or frequent basis, must obtain a completed criminal background check, a completed child protective services check, and a statement of health. For those persons who are considered caregivers, this information must be completed before providing direct unsupervised care to the children attending the day care facility. The director or provider/owner of the facility is responsible for ensuring these reports and other pertinent information are completed and submitted to the department within 15 actual days of the caregiver providing care.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none">◆ Is the provider free from a disqualifying CPS or DOJ record?◆ This is to be verified by the appropriate background information that comes back to us.
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(3) The provider, or an approved care-giver designated by the provider, shall be responsible for the direct care, protection, supervision, and guidance of the children through active involvement or observation in group and family day care facilities.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none">◆ How does the provider assure compliance with this rule?◆ Is supervision mainly observation or actually engaging?◆ What about when children are outside?◆ How does provider handle everyday distractions?
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(4) The provider shall attend a basic day care orientation or its equivalent provided or approved by the department within the first 60 days of certification. This orientation must include the following areas:</p> <p>(a) health;</p> <p>(b) safety;</p> <p>(c) child development/well being;</p> <p>(d) discipline/guidance</p> <p>(e) nutrition/food safety; or</p> <p>(f) business aspects of a child care business.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none">◆ The day care orientation is offered through the CCR&R’s at least quarterly.◆ If the provider has not attended orientation prior to issuance of a certificate, then a provisional should be given.◆ Worker may approve extended orientation dates not to exceed 90 days.◆ The department is obligated by statute to assist with the orientation process.◆ Did the orientation address (a)-(f)?◆ Can the provider indicate info learned in these areas?◆ What is the method of verification?
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(5) Orientation training does not count toward the required eight hours of approved education or training as specified in (6).</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none">◆ This is considered a “Pre-service” requirement and will not count toward the required 8 as outlined in 37.95.162
<p>YES</p> <p>NO</p> <p>NA</p>		

37.95.703	PROVIDER RESPONSIBILITIES / QUALIFICATIONS (cont.)	Sub-Sections 6 – 7
(6) The provider and all care-givers must annually verify that they have met the training requirements set out in ARM 37.95.162.	INTERPRETATION <ul style="list-style-type: none"> ◆ All training is to be approved through ECP or via college transcripts. ◆ Does the Database at ECP have record of the providers training for the year? ◆ Is this training during the designated license year? ◆ If transcripts are used, is the course work applicable? Staff from ECP can assist the department in assessing this if transcripts are submitted. 	YES
		NO
		NA
(7) The provider must hold current course completion cards in infant, child, and adult CPR; infant choking response and standard first aid. Course completion means direct instruction which includes the practice and demonstrated applications of CPR methods as taught by instructors from accredited entities.	INTERPRETATION <ul style="list-style-type: none"> ◆ Has the provider submitted course completion of CPR and first aid? ◆ Infant, Child, and Adult CPR? ◆ (Must have all three!) 	YES
		NO
		NA
37.95.705	BUILDING REQUIREMENTS	Sub-Sections 1 – 2
(1) The day care home must have a minimum of 35 square feet per child of indoor space, not including food preparation areas of the kitchen, bathrooms, toilets, offices, staff rooms, corridors, hallways, closets, lockers, laundry areas, furnace rooms, cabinets, and storage shelving spaces, as well as 75 square feet per child of outdoor play space.	INTERPRETATION <ul style="list-style-type: none"> ◆ Has the licensor measured the childcare areas? ◆ This rule excludes those areas of the facility that cannot be counted toward the 35 sq feet of usable space. ◆ Usable space is defined as: exclusive of floor area devoted to fixed equipment or support functions such as kitchens, offices, bathrooms, etc. ◆ Child behavior tends to be more constructive when sufficient space is organized to promote the practice of developmentally appropriate skills. ◆ Crowding has been shown to be associated with an increased risk of developing upper respiratory infections. 	YES
		NO
		NA
(2) Every story of the day care facility that is used for day care purposes shall have at least two remotely located means of egress as defined in ARM 37.95.102 (42). All areas used for day care purposes must have at least one door for egress that is at least 34 inches wide and must also have one other means of egress that provides a clear opening of at least 20 inches in width, 24 inches in height, and 5.7 sq. feet in area. The bottom of the opening shall not be more that 44 inches above the floor. If windows are used for rescue or exiting purposes, the provider shall have a written and feasible evacuation plan. All exits must be unobstructed at all times.	INTERPRETATION <ul style="list-style-type: none"> ◆ Each story (also called level, floor) where day care occurs must have: <ul style="list-style-type: none"> • 2 remotely located means of egress (this being defined as ½ the diameter of the room where the two exits are located). This must be at least one door at least 34 inches wide and one other means (such as a window) which has 5.7 sq. ft. of clear opening. ◆ To calculate remote means of egress, figure the diameter of the room where the exits are located. Divide that figure by 2. The exits must be at least that far apart to be considered remote and meet the requirements of this rule ◆ Are these egress requirements met? ◆ If windows are egress method: (Window Height/12) x (Window Width/12) ◆ (39/12)x(27/12)=1053/144=7.31 Sq Feet of opening ◆ Is the bottom of the window no more than 44 inches from the ground? ◆ All exits must be free of garbage and not obstructed in any manner. 	YES
		NO
		NA

37.95.705	BUILDING REQUIREMENTS (cont.)	Sub-Sections 3 – 6
(3) Remotely located means of egress from each room as required in (2) are not required in buildings protected throughout by an approved, automatic residential sprinkling system, or where the room or space has a door leading directly to the outside of the building.	INTERPRETATION <ul style="list-style-type: none"> ◆ Remote means of Egress are not required <i>on any level (including basements)</i> when: <ul style="list-style-type: none"> • An approved residential sprinkling system has been installed and is usable; • The day care “area” has a door leading directly to the outside with no other varying exit means. ◆ If the building or day care area is protected by a residential sprinkling system, egress methods do not have to be remote. In other words, the ½ diameter measure does not need to be applied. 	
YES NO NA		
(4) If basements are used for day care purposes: <ul style="list-style-type: none"> (a) in facilities newly licensed on or after the effective date of these rules or for which there is a change in ownership on or after the effective date of these rules each designated are for children’s activities must have two means of egress that are remote from each other unless: <ul style="list-style-type: none"> (i) the basement areas are protected by an approved, automatic residential sprinkler system; or (ii) if the basement area contains an approved sprinkling system, then the area is only required to have direct egress from the basement. If children are sleeping in the basement area, then the requirements of (5) apply. (b) the basement must be dry, well ventilated, warm and well lighted. 	INTERPRETATION <ul style="list-style-type: none"> ◆ If a facility is registered after June 2, 2006, and the day care is housed in the basement each room must have 2 <i>remote</i> means of egress unless: <ul style="list-style-type: none"> • an approved residential sprinkling system has been installed throughout the basement and is usable; or • there is a direct means of exit to the outside (based upon directive in (3) above) ◆ If a residential sprinkling system is installed and usable, the facility is only required to have an established method of egress (direct or otherwise) but the methods do not have to be remote. ◆ Basements, if used by the children during any part of the day care day must be well ventilated, warm and well lighted. ◆ Verify the standard by observation, discussion with the provider, parents and the children. ◆ If children are napping in basement areas, then (5) applies unless the facility is sprinkled throughout. 	
YES NO NA		
(5) All rooms used for napping by children must have at least two means of escape, at least one of which shall be a door or a stairway providing a means of unobstructed travel to the outside of the building at street or ground level to the public way. The second means of escape may be a window which meets the egress requirements of (2).	INTERPRETATION <ul style="list-style-type: none"> ◆ All rooms used to nap children must have 2 means of escape: <ul style="list-style-type: none"> • one ‘means’ must be a door or stairway which <i>leads</i> to the outside (it doesn’t have to be ‘direct’—basic door to another room will suffice) • the other means must be a window which measures 5.7 sq ft of clear opening. 	
YES NO NA		
(6) Third stories in dwellings must not be used for day care purposes and must be barricaded or locked to prevent entry by children.	INTERPRETATION <ul style="list-style-type: none"> ◆ 3rd floor rooms cannot be used for day care purposes. ◆ Children should not be able to access entry onto 3rd floor areas. ◆ Any floor above the second floor can create an escape hazard should a fire occur. 	
YES NO NA		

37.95.705	BUILDING REQUIREMENTS (cont.)	Sub-Sections 7 – 11b
(7) Doorways and stairs must be clear of any obstruction.		
		YES
		NO
		NA
(8) Every closet door must be such that children can open the door from the inside.	INTERPRETATION ◆ Closet doors should have handles/knobs on the inside that are easy for children to open, with one single action.	
		YES
		NO
		NA
(9) Every bathroom door must be designed to permit the opening of the locked door from the outside in an emergency and the opening device must be readily accessible to the provider.	INTERPRETATION ◆ Bathroom locks have a feature allowing the door lock to be defeated. ◆ The lock will have a hole on the outside to insert a tool or nail to release the latch. ◆ Licensors should demonstrate whether the door is easily unlocked from out side!	
		YES
		NO
		NA
(10) Protective receptacle covers must be installed on electrical outlets in all areas occupied by children under 5 years of age.	INTERPRETATION ◆ Verify by observation that covers are installed.	
		YES
		NO
		NA
(11) The home and grounds used by children must be maintained to ensure the following: (11)(a) The building is in good repair;	INTERPRETATION ◆ Does the provider have a written maintenance plan? ◆ Can the provider inform the licensing agent what the plan is? ◆ If they have no written plan, verify through discussion that there is plan of maintenance. ◆ Good repair--building is structurally safe--determined by observation; there are no loose structures that could cause harm to staff or children; Questions could be referred to a local building inspector and/or program officer.	
		YES
		NO
		NA
(11)(b) The floors, walls, ceilings, furnishings, and other equipment are reasonably clean;	INTERPRETATION ◆ The materials used to construct the walls, ceiling, etc are able to be cleaned easily. ◆ Materials are such that when they are cleaned, they will withstand repeated use of the cleaning products. ◆ What is direct observation? Re: Cleanliness?	
		YES
		NO
		NA

37.95.705	BUILDING REQUIREMENTS (cont.)	Sub-Sections 11c – 11d
(11)(c) The building and grounds are reasonably free of insects, rodents and other vermin; and		INTERPRETATION ◆ Are insects observed? - Fly's on the food? ◆ Are there wasp nests in the eaves of the building? ◆ Are there mouse droppings in the drawers or cupboards?
YES NO NA		
(11)(d) The children attending the facility shall not be exposed to paint containing lead in excess of .06%.		INTERPRETATION ◆ Provider should show documentation that any paint used prior to 1978 did not contain lead. ◆ If the paint does contain lead, then a remedying process (stripping that paint and repainting) should begin immediately. ◆ In the remedying process, providers should verify that non-lead latex paint was not painted over the lead based paint. ◆ Providers should be careful that there are no paint chips accessible to children.
YES NO NA		
37.95.706	FIRE SAFETY REQUIREMENTS	Sub-Sections 1 – 3
(1) In an emergency, all occupants of the day care facility must be able to escape from the home or building in a safe and timely manner.		INTERPRETATION ◆ Does the facility have an evacuation plan? ◆ What is that plan? ◆ Can children verify it?
YES NO NA		
(2) A fire extinguisher must be easily accessible on each floor level. The minimum level of extinguisher classification is 2A10BC. Fire extinguishers shall be mounted near outside exit doors.		INTERPRETATION ◆ A 2A10BC is the minimum extinguisher rating appropriate for day care facilities. ◆ Through observation, the worker can determine if this requirement is met. ◆ Is the extinguisher accessible and located near outside exit door? ◆ The extinguisher now has to be mounted near the outside door . This makes the device easily accessible at all times. ◆ Is the extinguisher properly charged? (Extinguisher's should be tested annually!) ◆ Does the provider know how to use it? Do they know when to use? ◆ Promote philosophy that in case of fire, get children and staff out of facility first, instead of trying to put fire out.
YES NO NA		
(3) All day care facilities must have operating UL smoke detecting devices on each floor of the facility, installed in accordance with the manufacturer's specifications. Smoke detectors must be installed in front of the doors to stairways and in corridors of all floors occupied by the day care. Smoke detectors must be installed in any room in which children sleep. If individual battery-operated smoke detectors are used, the following maintenance is required:		INTERPRETATION ◆ Smoke detectors are located, by each sleeping room and the detectors work appropriately--worker shall test the detector's battery while on-site.
YES NO NA		

37.95.706	FIRE SAFETY REQUIREMENTS (cont.)	Sub-Sections 3a – 6
(3) (a) Smoke detectors must be tested at least once a month to ensure that they are operating correctly and have new operating batteries installed at least once each calendar year; and	INTERPRETATION ◆ Does the provider test once a month? ◆ How? □ Documentation! ◆ Testing conducted by the provider should be done in accordance with the manufacturer's recommendation. ◆ Testing battery is considered appropriate and sufficient!	YES
		NO
		NA
		(3) (b) The placement and number of detectors in a home or building must be adequate to awaken all sleeping occupants.
NO		
NA		
(4) All wood burning stoves must meet building codes for the installation and use of such stoves. If used during the hours of care, the stove must be provided with a protective enclosure.	INTERPRETATION ◆ Inspections must be documented--the stove does not pose a hazard as installed. ◆ If the fire Marshall will not conduct the inspection, then a certified chimney sweep, a local building inspector or other appropriate official (such as an insurance agent) can perform the check. ◆ The stove needs to be enclosed in such a manner as to prevent any child from touching the surface of the stove if the stove is used during child care hours. ◆ Through observation, the FRS can determine if the stove should be enclosed.	
		NO
		NA
		(5) No portable electric or unvented fuel-fired heating devices are allowed. All radiators, if too hot to touch, must be provided with protective enclosure.
NO		
NA		
(6) A minimum of 8 fire drills must be conducted annually, at least 1 month apart as weather permits. Records, including who conducted the drill, when the drill took place, how many adults and children were present during the drill, the time of day the drill occurred, and how long it took to evacuate everyone must be maintained at the facility and made available for review.	INTERPRETATION ◆ Has the provider conducted fire drills? ◆ How much time did it take? ◆ What was the method to get children out of the facility in a safe manner? ◆ Who conducted the drill? ◆ Documentation?	
		NO
		NA

37.95.708	OTHER FACILITY REQUIREMENTS	Sub-Sections 1 – 5
<p>(1) Each home must have hot and cold running water with at least one toilet provided with toilet paper and one sink provided with soap and paper towels.</p> <p>YES</p> <p>NO</p> <p>NA</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ The worker can test the water through the tap to determine if the facility has both hot and cold running water. ◆ Through observation, the worker can determine if the provider meets the other criteria contained in this rule. 	
<p>(2) Each facility must have a working telephone. Those facilities which have an unlisted number must make this number available to the parents and emergency contact persons of the children in care, and the appropriate regional or local offices of the department.</p> <p>YES</p> <p>NO</p> <p>NA</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Does the facility have a phone (observation)? ◆ Is the number available to the worker and the parents? ◆ Verify the number for correctness. 	
<p>(3) Telephone numbers of the parents, the hospital, police department, fire department, ambulance, and the emergency Montana poison control center (1-(800)-222-1222) must be posted by each telephone.</p> <p>YES</p> <p>NO</p> <p>NA</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Are the numbers posted by EACH phone at the facility? ◆ Is there more than one phone? 	
<p>(4) No provider shall actively operate another business in the facility during the time the children are present for day care services.</p> <p>YES</p> <p>NO</p> <p>NA</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Does the provider operate another business, which occurs during the same hours as the day care? (Avon, pet grooming, accounting, etc.) 	
<p>(5) When a municipal water supply system is not available, a private system may be developed and used as approved by the state or local health department. Testing must be conducted at least annually by a certified lab to ensure that the water supply remains safe and the licensee or registrant shall provide laboratory results to the department during the licensing or relicensing process. Sanitary drinking facilities shall be provided by means of disposable single-use cups, fountains of approved design, or separate, labeled or colored glasses for each child.</p> <p>YES</p> <p>NO</p> <p>NA</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ What type of water system is used? ◆ If this is a private system, does the provider have documentation that the water has been tested and is safe? ◆ Does the provider use single-use cups? ◆ If not, is each child given his/her own cup to use? ◆ What are the methods of sanitation if this is the case? ◆ Is there a dishwasher on site? 	

37.95.708	OTHER FACILITY REQUIREMENTS (cont.)		Sub-Sections 6 – 8b
(6) An adequate and safe sewage disposal system shall be provided and used as approved by the state or local health department.	◆ INTERPRETATION ◆ Is the provider's sewage system a municipal system? ◆ Is it a septic system? ◆ New (what year?) septic systems must have sanitarian approval--if the provider's system is new, then they must show documentation of the sanitarian approval. ◆ If the system is an existing system, have there been any repairs within the last year? ◆ If so, then the provider must show documentation of the sanitarian's approval of the repairs.		
	YES		
	NO		
	NA		
(7) Garbage cans shall be provided in sufficient number and capacity to store all refuse between collections and shall be corrosion resistant, fly tight, watertight, and rodent proof with lids. Kitchen garbage containers must have lids or be stored in an enclosed area.	INTERPRETATION ◆ Are there enough garbage cans and are they of sufficient size to meet the demand of the facility? ◆ Does each garbage can have a lid to cover the refuse? ◆ Is each can sealed tightly to prevent entry of vermin? ◆ Is bagged or loose garbage stored outside the canisters?		
	YES		
	NO		
	NA		
(8) All food shall be from an approved source and shall be transported, stored, covered, prepared, and served in a sanitary manner to prevent contamination.	INTERPRETATION ◆ How does the provider prepare and serve food? ◆ Is it done in a sanitary manner? ◆ Is the food served to the children in a sanitary manner? ◆ Workers can verify that this requirement has been met through observation and review of the providers documentation concerning menu's and menu planning		
	YES		
	NO		
	NA		
(8)(a) Milk and other dairy products shall be pasteurized.	INTERPRETATION ◆ No use of fresh untreated (pasteurized) pet milk is allowed.		
	YES		
	NO		
	NA		
(8)(b) Use of home canned foods other than jams, jellies and fruits is prohibited.	INTERPRETATION ◆ Does the provider used home canned goods? ◆ Worker observation and inspection will determine if the requirement is met. ◆ The presence of canned goods does not preclude private use. They just cannot be used for day care purposes.		
	YES		
	NO		
	NA		

37.95.708	OTHER FACILITY REQUIREMENTS (cont.)		Sub-Sections 8c – 9
(8)(c) Perishable foods shall be kept at temperatures above 140°F or below 45°F.	INTERPRETATION <ul style="list-style-type: none"> ◆ Are hot (like soups) foods served at a temperature of 140 degrees or above? <ul style="list-style-type: none"> ◆ *Workers use thermometers to test the temperature of hot foods while on site. ◆ In order to verify this, you will want to ask the provider to prepare you a serving of the food served to the children. ◆ Are cold foods (such as cold cuts) stored at 45 degrees or below? <ul style="list-style-type: none"> □ To test this, workers will need to verify whether the refrigerator has a thermometer inside which indicates appropriate temperature of the foods contained within. □ What is the temperature when served? □ Cold foods should not set out at room temperature for extended periods of time. □ When served, the food should still be at 45 degrees. 		
YES			
NO			
NA			
(8)(d) No persons with boils, infected wounds, respiratory diseases or other communicable diseases shall handle food or food utensils.	INTERPRETATION <ul style="list-style-type: none"> ◆ Are there persons with these conditions preparing and serving food to the children? ◆ Worker observation will determine if this rule is met. 		
YES			
NO			
NA			
(8)(e) All food utensils shall be properly washed and rinsed after each usage. A domestic style dishwasher may be used if equipped with a heating element.	INTERPRETATION <ul style="list-style-type: none"> ◆ Is there an automatic dishwasher on the premise? ◆ IF so, are the utensils and dishes washed daily? ◆ IF no dishwasher, then can the provider demonstrate that the dishes are cleaned using proper cleaning methods (hot water temp is appropriate, proper cleaner/soap used, etc) 		
YES			
NO			
NA			
(8)(f) Single service utensils may only be used once.	INTERPRETATION <ul style="list-style-type: none"> ◆ Once the single use utensil is used, it must be thrown. ◆ Cannot re-use single serve utensils even if they are washed! 		
YES			
NO			
NA			
(9) Folding of clean laundry must not take place on the same work surface used for sorting dirty laundry. Bedding shall be laundered when necessary and aired out periodically to prevent mildew.	INTERPRETATION <ul style="list-style-type: none"> ◆ Can the provider show the worker where the folding of laundry occurs? ◆ Is it separate from the area used to sort dirty laundry? ◆ How often does the provider launder bedding? ◆ Are the methods appropriate to prevent mildew, i.e., washing machine? 		
YES			
NO			
NA			

37.95.711	NUTRITION	Sub-Sections 1 – 6
<p>(1) Nutritious meals and snacks must be provided to children in such quality and quantity to meet the national research council or the USDA child and adult care food program recommended dietary allowances for children of each age. Minimum nutritional requirements, age appropriate, will be supplied to the provider by the state or county health department.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ See documents concerning CACFP Guidelines. ◆ These guidelines meet the National Research Council's guidelines.
		YES NO NA
<p>(2) The above requirement in (1) shall be deemed to have been met if the provider provides nutritious meals and snacks as follows:</p> <p>(2)(a) Children in care for a continuous period of five hours to ten hours shall be provided at least one meal appropriate to the time of day and two snacks; or</p> <p>(2)(b) Children in care for a continuous period of ten hours or more shall be provided at least one meal every six hours and one snack between meals. The six hours requirement does not apply during the hours that the child is sleeping when night care is provided; or</p> <p>(2)(c) Children in care for two to six hours shall be provided one snack every 2 1/2 hours.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Young children need frequently offered, nutritious meals as they may choose to eat well at any one time but may be uninterested in eating at another time. ◆ To ensure that the child's daily nutritional needs are met, small feedings should be scheduled over the course of a day. ◆ Snacks should be nutritious as they often are a significant part of the child's daily life. <input type="checkbox"/> Does the provider have a written menu that includes information on meals and snacks for each day?
		YES NO NA
<p>(3) Special diet orders must be kept on file by the provider as submitted to the provider in writing by parents.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Are there children who have special diets due to allergies, sensitivities or parental desire? ◆ Does the provider have this information on file? ◆ Compliance is determined by worker observation of the information in the child's file. 	
	YES NO NA	
<p>(4) For the child requiring a rigid diet, food shall be brought from home and labeled clearly.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is the child's food clearly labeled with his/her name, current date? 	
	YES NO NA	
<p>(5) Menu plans shall be available to parent upon request.</p>		
	YES NO NA	
<p>(6) A record of food served shall be kept on file for at least one month.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is there a hard copy record of food served for the last month? ◆ Worker observation of the record will determine compliance. 	
	YES NO NA	

37.95.711	NUTRITION (cont.)	Sub-Sections 7 – 9
(7) Meal and snack service to children and the preparation of food by children shall be carefully supervised.		INTERPRETATION ◆ Is there an adult directly supervising children when children are allowed to assist in meal preparation?
YES NO NA		
(8) Fresh drinking water shall be available to children and offered at frequent intervals.		INTERPRETATION ◆ What is the water source? ◆ How often are children offered water? ◆ Can children help validate this?
YES NO NA		
(9) Proper methods of handling, preparing, and serving food in a safe and sanitary manner shall be consistently implemented by the provider.		INTERPRETATION ◆ Can the provider demonstrate their understanding of proper food handling and preparation? ◆ Have they attended training in this area? ◆ Are they enrolled in the CACFP?
YES NO NA		

37.95.715	PROGRAM REQUIREMENTS	Sub-Sections 1 – 2a
(1) A written plan of daily activities and routines, in addition to free play, must be established. The plan must be flexible to accommodate the ages and needs of individual children and the group as a whole. It must be designed with intervals of stimulation and relaxation, and a balance between periods of active play and quiet play or rest.		INTERPRETATION ◆ Is there a written plan? ◆ Is it flexible and does it accommodate the differing ages and developmental levels of children? ◆ Is there time in the day for rest, and individual play? ◆ Besides the written plan, worker observation can determine compliance.
YES NO NA		
(2) There must be developmentally appropriate activities for the children which foster sound social, intellectual, emotional and physical growth including:		INTERPRETATION ◆ Are there activities that help the children develop in these areas? ◆ Are they able to jump, run? ◆ Do they get to interact on an individual level with other children? ◆ Are there structured group activities?
YES NO NA		
(2)(a) Opportunities for individual and small group activities;		
YES NO NA		

37.95.715	PROGRAM REQUIREMENTS	Sub-Sections 2b – 5
(2)(b) Time and opportunity for creative experiences for children through art, music, books, and stories, and dramatic play; and	INTERPRETATION <ul style="list-style-type: none"> ◆ Are there opportunities for creative play such as using crayons, glue, markers, paints, sand and water tables? ◆ Are there sufficient books--and do staff, read to the children? ◆ Are the children encouraged to look at the books by them selves? 	YES NO NA
(2)(c) Outdoor play each day except when precluded by severity of weather.	INTERPRETATION <ul style="list-style-type: none"> ◆ What is the schedule for outdoor play? ◆ Are infants included? - What ages? ◆ What occurs when there is inclement weather? ◆ Both the written plan and worker observation can determine compliance. 	YES NO NA
(3) The provider or other caregiver who is at least 18 years of age shall be on the premises at all times children are in care.	INTERPRETATION <ul style="list-style-type: none"> ◆ Any person providing care to the children must be at least 18 yrs old and considered approved! ◆ These persons must be on premise and supervising children at all times. ◆ Supervision of children means that the provider can clearly see the children and can reach them quickly if necessary. 	YES NO NA
(4) Providers shall use appropriate forms of discipline. (4)(a) Physical punishment, including spanking or shaking and other forms of corporal punishment. are strictly prohibited in day care facilities. Discipline shall include positive guidance, redirection and the setting of clear limits that foster the child's ability to become self-disciplined. (4)(b) Any punishment or discipline which is humiliating, frightening, or otherwise damaging, is prohibited. (4)(c) Parental or guardian permission does not allow the use of punishments or disciplines prohibited in (4)(a) and (b) above.	INTERPRETATION <ul style="list-style-type: none"> ◆ Providers shall not spank, hit or use any form of intimidating actions in order to discipline children. ◆ Providers shall not use words that are threatening or shaming to children. ◆ Discipline techniques such as time out, or natural logical consequences are appropriate forms of discipline. ◆ Observations during on-site visits shall be noted in the comment section of this form. 	YES NO NA
(5) Television or movie watching during the hours children are in care shall not be excessive and shall be limited to child-appropriate programs.	INTERPRETATION <ul style="list-style-type: none"> ◆ Through observation, the worker can verify if this requirement is met. ◆ In comparison to other daily activities, how much time is spent watching TV? 	YES NO NA

37.95.718	NIGHT CARE AND OVERLAP	Sub-Sections 1 – 2d
<p>(1) Day care homes offering night care must develop plans for program, staff, equipment and space which will provide appropriately for the personal safety and emotional and physical care of children away from their families at night.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is there a plan in place, which addresses the evening time program's? ◆ Does it include time for quiet activities? Does it address sleeping arrangements, personal safety (such as what happens when a child wakes in the middle of the night)? ◆ What occurs when a child is upset at being away from his/her parents and his/her familiar surroundings at night?
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(2) This requirement shall be deemed to have been met if:</p> <p>(2)(a) Special attention is given by the caregiver and the parents to provide for a transition into this type of care appropriate to the child's emotional needs;</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is there a transition plan for bringing the child into the nighttime program? ◆ Is the child allowed to bring his/her own personal items of comfort--teddy bear, blankets, etc?
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(2)(b) A selection of toys for quiet activities which can be used with minimal adult supervision is provided for children prior to bedtime;</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is there "quiet" toys--books, music, dolls, etc-- the child can play with before going to sleep? ◆ Do the use of the toys require supervision?
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(2)(c) Bathing facilities, comfortable beds or cots, and complete bedding are provided;</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Are there adequate bathing facilities? ◆ Is there a sink and washcloths, towels provided? ◆ Are the facilities safe--for bathtubs, are slip prevention materials placed in the tub? ◆ What type of sleeping apparatus is available for the children to sleep on--beds, mats, cots? ◆ One for each child? ◆ Are there adequate bedding -- sheets, coverings? ◆ Are these items supplied by the facility?
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(2)(d) Staff are available to assist children during eating and pre-bedtime hours and when</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Are there adequate numbers of staff? ◆ Are they available to children when children have a bedtime snack? ◆ Do they read to the children? ◆ Are they available to help the child dress in the morning?
<p>YES</p> <p>NO</p> <p>NA</p>		

37.95.718	NIGHT CARE AND OVERLAP (cont.)	Sub-Section 2e – 4b
(2)(e) During sleeping hours, staff have a plan of supervision which involves practices where no child is left alone and staff are in the immediate vicinity and on the same floor level of sleeping children in order to adequately hear the children should they wake and to provide for the needs of children and respond to any emergency; and	INTERPRETATION <ul style="list-style-type: none">◆ Staff, do not have to remain awake as long as the plan for supervision is reasonable.◆ Worker observation and discussion with the provider will determine whether this is met.◆ Where is staff when the children are asleep? Can they see or hear each child at all times?	YES NO NA
(2)(f) At appropriate times a nutritious dinner and/or breakfast is served to children and a bedtime snack is offered.	INTERPRETATION <ul style="list-style-type: none">◆ Is a meal and snack offered to the children before bed? Does this meal and snack meet nutritional guidelines? See the attachments at the end of 37.95.700 section.	YES NO NA
(3) An individual day care provider may not provide care consecutively day and night without at least one additional caregiver. No caregiver may have responsibility for the care and supervision of children for more than 12 consecutive hours in a 24 hour period.	INTERPRETATION <ul style="list-style-type: none">◆ If a 24-hour facility, how does the provider accommodate the rule?◆ Are other caregivers (approved) brought into the facility?◆ What is the plan of supervision?◆ Is the plan reasonable?◆ Does it allow for adequate [off] time for provider?	YES NO NA
(4) Overlap care may be approved by the department in situations, such as before and after school, when the number of children in care over 3 years of age would exceed, for a short period of time, the registered capacity.	INTERPRETATION <ul style="list-style-type: none">◆ Is the provider requesting approval for additional children over the license capacity?◆ Has the provider designated the number of hours and which hours these children would be in attendance?◆ Are the additional children over the age of two?◆ Has the provider submitted a request in writing?◆ Does the provider have enough square footage to accommodate the extra children (35 sq ft/child)?◆ Does the provider have insurance coverage for the additional children?◆ Does the written plan clearly specify the hours of overlap care?◆ Has the plan been submitted?	YES NO NA
(4)(a) Overlap of children under three years of age shall not be permitted.		
		YES NO NA
(4)(b) Overlap care shall not exceed three hours total in any day care day.		
		YES NO NA

37.95.718		NIGHT CARE AND OVERLAP (cont.)	Sub-Sections 4c – 4i
(4)(c) Group day care facilities may be approved to provide overlap care for up to four additional children during the approved overlap time if there are at least two caregivers providing direct care at any time there are more than eight children being cared for at the facility.		INTERPRETATION ♦ During approved overlap time, 1 provider can be present with 8 children. Once the 9th child arrives, then 2 staff must be present.	
YES NO NA			
(4)(d) Family day care homes may care for two additional children during the approved overlap time.		INTERPRETATION ♦ Has the department approved the plan? Does the plan meet all contingencies as outlined above? NOTE: (1) Children must be 3 years of age and over! (2) Is there sufficient square footage to accommodate the over lap children?	
YES NO NA			
(4)(e) Day care facilities providing two shifts of 12-hour care may be granted three hours of overlap care for each 12 hours of continuous care upon the written approval of the department representative.		INTERPRETATION ♦ Has the department approved this? ♦ Is it clearly stated on the certificate?	
YES NO NA			
(4)(f) There must be 35 square feet per child of indoor space including the additional children during approved overlap hours.			
YES NO NA			
(4)(g) If a provider wishes to provide overlap care, the provider shall file a written plan for this care stating the specific hours in which the overlap will occur and the arrangements for providing adequate activities and supervision to all children during this period.		INTERPRETATION ♦ Has a plan been submitted and approved? ♦ Has the provider, addressed supervision?	
YES NO NA			
(4)(h) Overlap care shall not occur until the provider has received written approval of this plan from the department.			
YES NO NA			
(4)(i) Group day care homes which exceed 12 children during approved overlap may be subject to inspection by the state fire prevention and investigation bureau and the state sanitarian.			
YES NO NA			

37.95.720	EQUIPMENT	Sub-Sections 1 – 4
(1) Play equipment and materials must be provided that are appropriate to the developmental needs, individual interests, and ages of the children. There must be a sufficient amount of play equipment and materials so that there is not excessive competition and long waits.	INTERPRETATION <ul style="list-style-type: none">◆ Play equipment must be appropriate for the child’s developmental level; not necessarily the child’s age level.◆ Toys must be safe, sufficient in quantity for the number of children.◆ Excessive waiting for the use of equipment can lead to behavioral difficulties as well as possibilities of physical injury if children begin fighting over toys.◆ Workers would measure compliance by structured observation.	YES
		NO
		NA
(2) Play equipment and materials must include items from each of the following six categories: dramatic role playing, cognitive development, visual development, auditory development, tactile development and large-muscle development.	INTERPRETATION <ul style="list-style-type: none">◆ Compliance would be measured by observation.◆ Examples of these categories would include: dress up area, block areas, crayon, paints water brushes, story books, flannel boards, puzzles, musical toys, music tapes, wind chimes, teething toys, cuddly toys, textured cards, balls, exercise mats, pounding bench, etc.	YES
		NO
		NA
(3) High chairs, when used, must have a wide base and a safety strap. Portable high chairs that hook onto tables are not allowed.	INTERPRETATION <ul style="list-style-type: none">◆ This rule is designed to help prevent injuries resulting from the portable high chair become disengaged from the table and falling.◆ High chairs should have a wide base and a t-shaped safety strap.◆ Because the portable chairs that hook onto the tables are so close to the table, the safety strap is often not included with the chair.	YES
		NO
		NA
(4) Each child, except school-age children who do not take naps, shall have clean, age-appropriate rest equipment, such as a crib, cot, bed or mat. Seasonably appropriate top and bottom covering, such as sheets or blankets, must be provided. Crib mattresses and other rest equipment shall be waterproof and regularly sanitized.	INTERPRETATION <ul style="list-style-type: none">◆ Although there will be children in day care facilities that do not nap, these children are usually required to do quiet activities.◆ These activities are conducted on the same rest equipment.	YES
		NO
		NA

37.95.128	DOCUMENTATION OF THE ABSENCE OF UNUSUAL HEALTH RISKS FOR INFANTS	Sub-Section 1
(1) A day care facility must have on file a health record form, provided by the department, concerning any special health risks that would affect other children. This must be obtained and kept on file by the provider prior to residence or enrollment of the infant in the day care facility. The health record form must be signed by:	INTERPRETATION <ul style="list-style-type: none">◆ Does the provider have this statement on file for each infant (ages 0-2)?◆ Does the statement clearly identify any special health needs of the baby (i.e., special diet, medicines, etc)?◆ Does the statement clearly state that the infant’s presence in the facility does not pose an unusual health (child has immuno-compromised system, etc) risk to that baby or any other baby?◆ Worker verification through an on-site visit.	
	(1)(a) A physician licensed to practice medicine in Montana pursuant to Title 37, chapter 3, MCA; or	
(1)(b) A physician assistant-certified licensed to practice in Montana and practicing under a utilization plan approved by the board of medical examiners; or		
(1)(c) A person licensed in Montana as a professional nurse and recognized by the board of nursing as a nurse practitioner or clinical nurse specialist; or		
(1)(d) A naturopathic physician licensed under Title 37, chapter 26, MCA.	INTERPRETATION <ul style="list-style-type: none">◆ List the name of naturopathic physician and the city they live in.	
YES		
NO		
NA		

37.95.1001		DAY CARE FACILITIES CARING FOR INFANTS, DIAPERING AND TOILET TRAINING		Sub-Sections 1 - 2	
(1) A sufficient supply of clean, dry diapers shall be available and diapers shall be changed as frequently as needed. Disposable diapers, a commercial diaper service, or re usable diapers supplied by the child's family may be used. If non-disposable diapers are used, the facility may launder the diapers using a germicidal process approved by the state or local health department. In the absence of such a process, the facility may not launder non-disposable diapers of enrolled children.		INTERPRETATION			
		<ul style="list-style-type: none">◆ <input type="checkbox"/> Are there enough diapers available for each infant?◆ How often are the diapers changed?◆ What type of diapers, are used?◆ If non-disposable does the child’s family, supply them?◆ Does the facility launder them--if so, can the provider demonstrate laundering procedures for non-disposable diapers?◆ If there is not a process laundering non-disposables, then they cannot be laundered at the facility.			
(2) Soiled reusable diapers shall be placed into separate cleanable covered containers provided with waterproof liners prior to transport to laundry, parent, or acceptable disposal. These containers shall be emptied, cleaned and disinfected daily. Soiled disposable diapers shall be disposed of immediately into an outside trash disposal or put in a securely tied plastic bag and discarded indoors until outside disposal is possible. Reusable diapers shall be removed from the facility daily.		INTERPRETATION			
		<ul style="list-style-type: none">◆ Where are soiled reusable diapers contained?◆ Are they stored in a container, which has a waterproof liner (such as a plastic trash can bag--and are the bags sturdy enough to withstand the amount of diapers put into it)?◆ Can this container be easily cleaned (easily cleaned by use of an appropriate disinfecting agent, or does it have to be briskly scrubbed)?◆ Are the containers cleaned daily?◆ How are the diapers disposed of - What is the disposal process? - Are they immediately put into an outside trash disposal?◆ If so, does this refuse go into the disposal, or does it sit upon it?◆ Does the provider keep the soiled diapers inside?◆ If so, does the provider keep them in a secure plastic bag--keeping the bag in an area inaccessible to the children?◆ When does the provider take this refuse outside?			
YES	(1)	(2)		YES	
NO				NO	
NA				NA	

37.95.1001	DAY CARE FACILITIES CARING FOR INFANTS, DIAPERING AND TOILET TRAINING (cont.)		Sub-Sections 3 – 7
(3) Diaper-changing surfaces shall be cleaned after each use by washing or by changing a pad or disposable sheeting and sanitized or covered for reuse.	INTERPRETATION <ul style="list-style-type: none">◆ What type of surface is the changing table made of?◆ Does the provider clean the table after each changing?◆ Can the provider demonstrate how the cleaning is done?◆ If the provider uses a changing pad, or disposable sheeting, how does the provider insure sanitary conditions, i.e., if a changing pad is used, does the provider store this in a proper laundering area and then launder every day?◆ If sheeting is used, is it disposed of in a sanitary manner (a process similar to that of the reusable diapers)?		
		YES	
		NO	
		NA	
(4) Soft, absorbent, disposable towels or clean reusable towels which have been laundered between each use shall be used for cleaning the child.	INTERPRETATION <ul style="list-style-type: none">◆ Does the provider use disposal towelettes (like Huggies baby wipes) for cleaning the babies during a diaper change?◆ How are these wipes disposed of?◆ If the provider uses reusable towels, are they disposed of in a manner which will maintain a sanitary area, and are they laundered daily?◆ Does the provider re-use a cloth towel (Hopefully Not)?◆ Worker observation and discussion with the provider while on-site will determine compliance with this rule.		
		YES	
		NO	
		NA	
(5) Safety pins shall be kept out of reach of infants and toddlers.	INTERPRETATION <ul style="list-style-type: none">◆ Where are safety pins kept--during a diaper change, are the pins out of the child's reach?		
		YES	
		NO	
		NA	
(6) Children shall not be left unattended on a surface from which they might fall.	INTERPRETATION <ul style="list-style-type: none">◆ Does the provider ever step away from the table leaving the infant unattended?◆ f the provider steps away from changing table, how do they insure that child won't fall off? Safety strap, etc?◆ Are changing supplies easily accessible?◆ Worker observation and discussion with the provider will determine the level of compliance with this rule.		
		YES	
		NO	
		NA	
(7) All toilet articles shall be identified and separated as to each child and kept in a sanitary condition.	Interpretation <ul style="list-style-type: none">◆ Toilet articles--such as diapers, wipes, plastic pant liners, etc--does each child have their own sets clearly identified?◆ Are they kept separate from every other child's? How are they kept separate?◆ Are these articles kept in sanitary manner--i.e. wipes containers are clean, no feces residue, diapers disposed of properly, etc?		
		YES	
		NO	
		NA	

37.95.1001	DAY CARE FACILITIES CARING FOR INFANTS, DIAPERING AND TOILET TRAINING (cont.)	Sub-Section 8 – 9
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(8) Diapering and toileting areas shall contain a wash basin that is separate from that used for food preparation.

INTERPRETATION

- ◆ Is the diapering area separate from the food preparation area--i.e. changing table is not in the kitchen area?
- ◆ Does the provider use a wash basin separate from the food area--i.e. bathroom sink?
- ◆ Is that bathroom on the same floor as the changing area?

YES

NO

NA

(9) Toilet training shall be initiated when the child is ready and in consultation with the child's parents or placement agency. There shall be no routine attempt to toilet train children under the age of 18 months.

INTERPRETATION

- ◆ Have the child's parents indicated a desire to have the child toilet trained?
- ◆ Is there documentation regarding the parent's desire to have the provider initiate toilet training?
- ◆ Observance of the documentation and discussion with provider and parents will determine whether there is compliance with this aspect of the rule.
- ◆ What is the methodology used to train the child? Is it developmentally appropriate?

YES

NO

NA

137.95.1002	DAY CARE FACILITIES CARING FOR CHILDRENS WET OR SOILED CLOTHING	Sub-Sections 1 – 2
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(1) Wet or soiled clothing shall be changed promptly. Parents shall provide additional clothing and it is the responsibility of the parents to care for the clothing.

INTERPRETATION

- ◆ What does the provider do when a child's clothes become wet or soiled?
- ◆ Do parents supply extra clothing for the child?
- ◆ What does the provider do if parents don't supply or forget to bring a change of clothes?
- ◆ Does the provider, launder the wet or soiled clothing or does the provider store the clothing in waterproof containers and send them home with the parents?
- ◆ What does the provider use as a "waterproof" container?

YES

NO

NA

(2) If an older, toilet trained child has an accident causing wet or soiled clothes, the child shall be changed promptly.

YES

NO

NA

7.95.1003	DAY CARE FACILITIES CARING FOR INFANTS, FEEDING	Sub-Sections 1 – 3
(1) An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the child's physician with the knowledge and consent of the parents, guardian or placement agency. A change of diet and schedule shall be noted on each child's daily diet and feeding schedule.	INTERPRETATION <ul style="list-style-type: none">◆ Is there a written menu plan for each infant?◆ Where is this plan located?◆ Does all staff know about this plan?◆ Is this plan written by the parents?◆ This information shall be contained on the QAD/CCL-113, but could also be a separate document depending on the child's diet needs. What is the feeding schedule for each child?◆ How often is the child fed?◆ Does this concur with the parents feeding schedule?◆ Are changes in feeding noted on each child's daily activity schedule?	YES NO NA
(2) A day's supply of formula or breast milk in nursing bottles or formula requiring no more preparation than dilution with water shall be provided by the parents, unless an alternative agreement is reached between the parents and provider ensuring that the infant's nutritional needs are sufficiently met. Bottles of formula or breast milk shall be clearly labeled with each infant's name and date and immediately refrigerated. After use bottles shall be thoroughly rinsed before returning to the parent at the end of the day. Special dietary foods required by the infant shall be prepared by the parents.	INTERPRETATION <ul style="list-style-type: none">◆ What type of formula is used--the only appropriate source is the type that requires that only water be added?◆ Is it provided by the parents or has an agreement been made that the provider will supply?◆ SEE RULE NUMBER 4 IF FORMULA IS NOT PROVIDED BY THE PARENTS. <p>NOTE: if the provider participates in the CACFP, formula is a reimbursable food item and is not supplied by the parent. However, the parent must designate and approve the type and brand of formula to be used. Again the feeding schedule should note the formula to be used.</p> <ul style="list-style-type: none">◆ Are each child's bottle--whether it be formula or breast milk--clearly labeled with each child's name and the current date?◆ Is the formula or breast milk immediately refrigerated?◆ Worker observation will determine if this requirement is met.◆ Are the bottles rinsed and returned to the parents?◆ If special diets are required, does the parent bring that child's food?◆ Again, the CACFP allows reimbursement for special diet foods, so parents don't always have to supply these items.	YES NO NA
(3) Bottles shall not be propped. Infants too young to sit in high chairs shall be held in a semi-sitting position for all bottle feedings. Children who use a bottle should not be allowed to lie on their backs when drinking from the bottle. Older infants and toddlers shall be fed in safe high chairs or at baby feeding tables. Infants 6 months of age or over who show a preference for holding their own bottles may do so provided an adult remains in the room and within observation of the infant. Bottles shall be taken from the infant when the child finishes feeding, when the bottle is empty and while the infant is sleeping.	INTERPRETATION <ul style="list-style-type: none">◆ When babies are being fed a bottle, there must be a caregiver available to hold the bottle for the child; unless that child is 6 months of age or older and shows a preference for holding his/her own bottle.◆ Infants who cannot hold their own bottle, will not be laid flat to be fed, they will be held by a caregiver, in a semi-sitting position.◆ Worker observation and provider demonstration will determine the compliance of this part of the rule.◆ Are bottles taken from the infants when they are finished feeding, when they are sleeping?◆ Worker observation and discussion with the provider will determine compliance.◆ How are older babies fed?◆ If they are given the bottle to hold for themselves, is a care giver nearby with direct supervision of that infant?◆ Are the babies fed in high chair or appropriate feeding tables accompanied w/ harnesses?	YES NO NA

37.95.1003		DAY CARE FACILITIES CARING FOR INFANTS, FEEDING (cont.)		Sub-Section 4 – 6	
<p>(4) If the parent is unable to bring sufficient or usable formula or breast milk, the facility may use commercially prepared and packaged formulas. Older infants shall be provided suitable foods which encourage freedom in self-feeding. Unused infant food shall be stored in the original container and kept separate from other foodstuffs. Dry cereal, cookies, crackers, breads and similar foods shall be stored in clean, covered containers.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none">◆ Does the provider use commercially prepared or packaged formula-- i.e. Enfamil, Simolac, Prosobee?◆ Are older infants encouraged to self-feed? In what ways?◆ Are the foods used in self-feeding appropriate--can the infant adequately bring the food to their mouth and ingest the food without choking?◆ Unused infant food is stored in it's original container--food that has been taken out of the container shall not be returned to the container, it shall be disposed of. Is this food stored separately from other food-- in other words, it is not put into the same containers as other food?◆ Is it refrigerated?◆ Dry food is kept in dry clean containers.			
YES					
NO					
NA					
<p>(5) If the container in which the formula was purchased does not include a sanitized bottle and nipple, then transfer of ready-to-feed formula from the bulk container to the bottle and nipple feeding unit must be done in a sanitary manner in the kitchen. Bottles filled on the premises of the facility should be refrigerated immediately if not used and contents discarded if not used within 12 hours.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none">◆ How is the formula prepared?◆ All items (bottle, nipple, measuring devices, instruments used to bring bottles out of water, etc) used to prepare the formula should be sanitized/sterilized prior to preparation of the formula.◆ SEE NUMBER 6 BELOW.◆ In the transfer process, the formula should go directly from the package to the sterilized bottle. The nipple and ring should be placed upon the bottle in manner, which does not break the sterility of the nipple and ring--in other words, an unclean hand should not touch the nipple. Can the provider demonstrate this process?◆ Once bottles are filled, are they immediately stored in the refrigerator?◆ Are the bottles returned to the refrigerator after feedings if any amount remains?◆ Any amount of formula remaining in the bottle shall be disposed of after 12 hours irregardless of whether the mixture was refrigerated!◆ Worker observation and discussion with the provider will determine compliance.			
YES					
NO					
NA					
<p>(6) If bottles and nipples are to be used by the facility, they must be sanitized by boiling for 5 minutes or more just prior to refilling. Terminal (one-step) sterilization of bottles, nipples and formula is acceptable.</p>		<p>INTERPRETATION</p> <ul style="list-style-type: none">◆ Are bottles and nipples sterilized in boiling water when used?◆ Can the provider demonstrate?			
YES					
NO					
NA					

37.95.1004	DAY CARE FACILITIES CARING FOR INFANTS, BATHING		Sub-Sections 1 – 1e
(1) Bathing shall not be done routinely by the facility but if required:	INTERPRETATION <ul style="list-style-type: none"> ◆ Is bathing done routinely? ◆ Is there documentation from the parent giving the provider permission to bath the child? 		YES NO NA
(1)(a) No child shall be left unattended in the bathing area;	INTERPRETATION <ul style="list-style-type: none"> ◆ If bathing occurs, how does the provider supervise this child and the other children in the facility? ◆ What precautions, does the provider use to assure the child is never left unattended in the bathing area? 		YES NO NA
(1)(b) Bathing materials shall be sanitized after bathing a child;	INTERPRETATION <ul style="list-style-type: none"> ◆ Bathing materials--washcloth, towels, bath sponge, bath chair, etc--are sanitized after each use? ◆ Are they cleaned using hot water and appropriate disinfectant? 		YES NO NA
(1)(c) Nonallergenic soap shall be used;	INTERPRETATION <ul style="list-style-type: none"> ◆ What type of soap is used? ◆ Is it unscented, dye free, baby skin sensitive (like a baby bath, vs. an adult soap)? 		YES NO NA
(1)(d) Arrangements shall be made so no child can turn on hot water while being bathed. Water supply to bathing area will not be over 120E F; and	INTERPRETATION <ul style="list-style-type: none"> ◆ What is the hot water temperature set at? Verify this by measuring the temperature with a thermometer. ◆ How does the provider ensure that the child cannot turn on the water while in the bathtub? ◆ How far away from the faucet is the child seated? ◆ Are there controls on the faucet to prevent children from turning it on? 		YES NO NA
(1)(e) The bathing area shall be out of drafts and provisions should be made so the child may be completely dried after a bath.	INTERPRETATION <ul style="list-style-type: none"> ◆ Where is the bathing area? ◆ Is it in a bathroom? ◆ Is it away from windows or doors where drafts exist? ◆ Is the child completely dried in the bathing area or moved to another location to be dried? 		YES NO NA

37.95.1005	CHILD CARE FACILITIES CARING FOR INFANTS, SLEEPING		Sub-Sections 1 – 3
(1) There shall be adequate opportunities for sleep periods during the day suited to the infants' individual needs.	INTERPRETATION <ul style="list-style-type: none">◆ Are infants able to sleep according to their own sleep patterns? What are the sleep patterns of each infant?◆ Have parents given the provider an indication of the child’s sleeping patterns- approximate time of day and for how long?◆ Is the provider respectful of the child’s sleep pattern?◆ Do they try to schedule naps differently?		
YES			
NO			
NA			
(2) Unless the child’s parent has provided medical documentation from health care provider ordering otherwise, infants shall be placed on their back and on a firm surface to reduce the risk of sudden infant death syndrome (SIDS).	INTERPRETATION <ul style="list-style-type: none">◆ In what manner does the provider put infants down to sleep?◆ Where do infants sleep? Infants should not be sleeping on couches or on adult/children beds. Infants need to be in cribs until such time they are safe on cots or mats.◆ If the infant is placed in any other sleep position besides his/her back, has the provider secured medical documentation regarding the necessity of this alternative sleep position? Does this documentation indicate a time limit for such alternative sleep position?◆ Parents often want baby to sleep on his/her tummy. Providers must be advised that parents wishes must be accompanied by medical documentation, otherwise, the provider is not able to accommodate this request.		
YES			
NO			
NA			
(3) Each infant shall be provided with cribs for sleeping until, at the discretion of the parent and provider, they are safe on a cot or mat.	INTERPRETATION <ul style="list-style-type: none">◆ Is there a crib/ portable crib (Evenflow crib, Graco crib/play pen) available for each infant?◆ Is each crib in safe condition?◆ Infants do not share cribs.◆ <i>Infants can be allowed to fall asleep in swings, car seats, etc, however, once asleep, they must be transferred to a crib.</i>◆ Worker observation will determine if this requirement is met.◆ Has the parent given permission to have the child sleep on a cot or mat?◆ Is this permission somehow documented?◆ How often are the mats cleaned and sanitized?◆ Does each child have their own designated cot or mat for each day?◆ Is the surface of the mat plastic or canvas?◆ What type of cleaner is used to sanitize the mat or cot?		
(a) Infants shall not be routinely allowed to sleep in a car seat, infant swing, or other infant apparatus.			
(b) Cot or mat surfaces may be of plastic or canvas or other material which can be cleaned with detergent solution and allowed to air dry.			
YES			
NO			
NA			

37.95.1005	CHILD CARE FACILITIES CARING FOR INFANTS, SLEEPING (cont.)	Sub-Sections 4 – 6
<p>(4) Cribs shall be made of durable, cleanable, and nontoxic material, and have secure latching devices. Cribs shall have no more than 2 and 3/8 inches of space between the vertical slats. Mattresses shall fit snugly to prevent the infant from being caught between the mattress and crib siderail. Crib mattresses shall be waterproof and easily sanitized. Cribs, cots, or mats shall be thoroughly cleansed before assignment to another infant.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Does the outside rail latch securely? It should be latch securely enough that if an adult leans on it or pushes down on it, it will not unlatch. ◆ Are the crib rails and sides easily cleaned? Is the surface material of the crib durable enough to withstand repeated cleaning? ◆ Any oils or finishing paints non-toxic-- Manufacturer materials should give the worker this information. In the case of homemade cribs, the worker will have to rely upon the providers statement to determine whether toxic finishes were used (does the provider still have any of that finish available?). ◆ Are the vertical slats no more than 2 and 3/8 inches apart? Workers shall measure using a measuring tape or stick or use of a pop can (if pop can, can fit between slats, slats are to far apart) to determine if this is met. ◆ Does the crib mattress fit snugly against the sides of the crib? ◆ Is the mattress covered with a waterproof cover/material, i.e., plastic/vinyl mattress pad? ◆ Worker observation/testing will determine. ◆ Is each cot, mat and crib thoroughly cleaned before use by any child? ◆ What is the process used to ensure sanitation? ◆ How often are these items cleaned? ◆ Are they cleaned after each child is finished using the cot, mat or crib? 	<p>YES</p> <p>NO</p> <p>NA</p>
<p>(5) Cribs, cots, or mats shall be spaced to allow for easy access to each child, adequate ventilation, and easy exit. Aisles between cribs or cots shall be kept free of obstructions while cribs or cots are occupied. Use of stackable cribs for infants is permitted until the respective infants reach one year of age or weigh 26 pounds, whichever comes first.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is there enough space between each crib, cot and mat that an adult can easily reach each child? ◆ Could an adult easily exit with the child (either in arms or leading the child if the child is mobile) in the event of fire or other emergency? ◆ Is the space adequate enough to allow each child proper air exchange? ◆ Worker observation/walk through as well as review of the fire escape plan should assist the worker in determining if the facility complies with this rule. Are there obstructions--boxes, other furniture, toys, etc-- around the cots and cribs while in use? ◆ Are stackable cribs used? ◆ If CCL observes infants using these cribs, CCL needs to ascertain the age and weight of the child(ren). Provider should be able to easily inform the licensior. If there are questions, request the child's record to verify age. ◆ Provider may want to keep closer age and weight records for children when stackable cribs are being utilized. 	<p>YES</p> <p>NO</p> <p>NA</p>
<p>(6) All pillows, quilts, comforters, sheepskins, bumper pads, stuffed toys, and other soft products shall be removed from the crib and play pen. If blankets are used, the infant's head shall remain uncovered during sleep.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Are any of these items observed? If so, request that they be immediately removed from the crib. ◆ Blankets if used should be lightweight fabric and should not cover the infants face when asleep. There are 'soothing techniques' which include covering a baby's face until quieted. This technique, while not disallowed, should be used very infrequently and only until the child is asleep. If used, it is imperative that the baby be held by an adult and a super lightweight blanket be used so that the infant's breathing is not compromised. 	<p>YES</p> <p>NO</p> <p>NA</p>

37.95.1005	CHILD CARE FACILITIES CARING FOR INFANTS, SLEEPING (cont.)	Sub-Sections 7 – 9
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| <p>(7) Each infant shall have been provided by the parent with a clean washable blanket or other suitable covering for his/her use while sleeping. Each infant's bedding shall be stored separate from bedding used by other infants.</p> | <p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Does each infant have their own blanket or other covering? ◆ Do any of the infants share these items? Are these items clean? ◆ At what times can the infant use these items? ◆ Are they only used at sleeping time? ◆ Each item of sleep equipment (sheets, blankets) shall be assigned to a child and shall be used only by that child while he/she is enrolled in the facility. Children shall not share bedding--this means they are stored separately and not shared. |
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YES

NO

NA

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| <p>(8) All cries of infants shall be investigated.</p> | <p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ The provider must check on each baby when they cry--they need to determine the cause of the infant's cry and act appropriately. ◆ If the infant is wet, they must be changed; ◆ if the infant is tired, then sleep activities will be initiated; ◆ if the infant is hungry then feeding should begin, etc. |
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YES

NO

NA

37.95.1011	DAY CARE FACILITIES CARING FOR INFANTS, ACTIVITIES	Sub-Sections 1 - 2
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| <p>(1) All infants shall have ample opportunity during each day for freedom of movement, such as creeping or crawling or rolling in a safe, clean, open, uncluttered area.</p> | <p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ What is the schedule of activities for the infants? ◆ When infants are playing on the ground, are toys and equipment safe for their use? Are toys available and within their grasp? ◆ Is the area clean and unobstructed--no equipment or big toys in the way, the area is "open" and clear of boxes, harmful furniture, etc-- to allow their freedom of movement? ◆ The area does not have items with sharp corners or hot surfaces such as exposed baseboard heaters or furnace vents that could harm the infants? ◆ If the area is carpeted, the carpets are vacuumed and free from small toys and items that could be swallowed? Carpets are not frayed! |
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YES

NO

NA

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| <p>(2) An infant who is awake shall not spend more than 30 minutes of consecutive time confined in a crib, playpen, jump chair, walker or highchair.</p> | <p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ What is the structure of activities for the infants? ◆ How much time does each infant spend in an activity, i.e. spends 30 minutes in a swing and then changes to an exersaucer for 30 minutes? ◆ What other items besides the crib, playpen, walker, etc does the provider have for the children's use? |
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YES

NO

NA

37.95.1011	DAY CARE FACILITIES CARING FOR INFANTS, ACTIVITIES (cont.)	Sub-Sections 3 – 5
<p>(3) Each infant shall have individual personal contact and attention by the same adult on a regular daily basis at least once each hour during nonsleeping hours. Examples of personal contact and attention include being held, rocked, taken on walks inside and outside the center, talked to and played with.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Who are the assigned caregivers for each infant? ◆ What is their schedule of activities for that infant? ◆ How much and what kind of interaction does that adult have with that baby? ◆ Do they rock the baby, do they play with the baby, take the baby on walks? 	YES
		NO
		NA
<p>(3)(a) There shall be sufficient staff so that an adult is always present and supervising.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ What Is the Ratio? ◆ Is there enough staff? ◆ Worker observation and discussion will determine the level of compliance 	YES
		NO
		NA
<p>(4) There shall be provisions for the infant to safely explore and investigate the environment. There shall be both stimulation and time for quiet activity. Infants shall be taken outside for some period during each day in good weather.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ <u>For babies</u> who are mobile, there shall be appropriate and safe areas for them to explore--via crawling, walking, scooting, using a walker, etc. ◆ For immobile infants, there should be activities such as an adult walking with the baby, baby swings, exersaucers, etc that allow the infant to visually see the environment. As the setting allows, immobile infants shall--with appropriate supervision--be able to spend appropriate amounts of time (this depends upon the child's age) on the floor learning his/her environment through play. ◆ Infants will not be confined to high chairs, swings, etc for more than 30 minutes at a time. ◆ The schedule of activities which should be written down, shall include times for stimulating play (as stated above) and quiet times that include such things as reading, listening to music and individual play. This schedule should also address appropriate activities and time for outdoor play based on the children's individual ages. 	YES
		NO
		NA
<p>(5) Each infant shall be allowed to maintain the child's own pattern of sleeping and waking period according to instructions from the parents.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ See rule number (1) above. 	YES
		NO
		NA

37.95.1015	DAY CARE FACILITIES CARING FOR INFANTS, OUTDOOR ACTIVITIES	Sub-Sections 1 – 4
<p>(1) Children shall be protected from draft and prolonged exposure to direct sunlight. With the parent's permission, sun screen shall be applied to children over six months old when outdoor conditions dictate.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ The day care facility shall be insulated and protected from drafts. ◆ There shall be window treatments on the interior of the windows (curtains, solar screens) to protect the infants from prolonged sun exposure through interior windows. ◆ Does the emergency contact form (or other documentation) indicate permission to use sunscreen? ◆ If not, what are the parents wishes for protection against sunrays. 	
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(2) The outdoor activity area shall be adjacent to the facility, fenced and free of hazards which are dangerous to the health and life of the children. Every time a child is outdoors, the child must be supervised by a care giver.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ For infants, the outside area shall be located closely to the facility and shall be fenced to prohibit the children from leaving the area. ◆ It shall be free from hazards--holes in the ground, inadequate and unsafe play equipment, toxic plants, small pea gravel (creates a choking potential), wasp nests and other vermin. ◆ Can the provider(s) visually see all the infants when outside? ◆ Can the infants be easily reached in the event of adult intervention? ◆ Worker observation will determine if this rule is met. 	
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(3) Adequate protection against insects shall be provided.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Is the outdoor area free of wasp/hornets nests? ◆ Is the child able to use bug repellant sprays (for some children this is toxic--parents permission is necessary) to prevent insects from biting? ◆ In the event that the child can't, does the child have appropriate clothing that could prevent bugs from biting the skin--long sleeved shirt, pants? 	
<p>YES</p> <p>NO</p> <p>NA</p>		
<p>(4) Provision shall be made for both sunny and shady activity areas.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ While outside, infants shall be protected from excessive exposure to the sun. ◆ Sunlit areas and shaded areas shall be provided by means of open space and such things as tree planting or other cover in outdoor areas. ◆ Parents should also indicate the amount of outdoor time their child should have. 	
<p>YES</p> <p>NO</p> <p>NA</p>		

37.95.1016	DAY CARE FACILITIES CARING FOR INFANTS, EQUIPMENT	Sub-Sections 1 – 2
<p>(1) Feeding tables equipped with a harness or highchairs with a broad base and a harness for securing the child, shall be provided for every four children.</p>	<p>INTERPRETATION</p> <p>(1) Feeding tables: a feeding table is a table with chairs that are set into the interior of the table, or a table w/ chairs along the outside. Chairs must have harnesses.</p> <ul style="list-style-type: none"> ◆ Is there a harness for each chair (to secure the child inside the seat and prevent the child from falling out)? ◆ Are there adequate numbers of chairs available? <p>(2) High chairs:</p> <ul style="list-style-type: none"> ◆ Does the high chair have a wide, broad base to prevent it from tipping over if the infant were to move about in the chair? ◆ Is there a harness in each chair to secure the child inside? ◆ Are there adequate numbers of high chairs? 	YES
		NO
		NA
<p>(2) The facility shall provide, adequate and safe equipment such as walkers, swings, playpens, jump chairs and adult rocking chairs. All equipment must meet current federal safety regulations.</p>	<p>INTERPRETATION</p> <ul style="list-style-type: none"> ◆ Are there enough pieces of such equipment available? ◆ Do children have to wait long periods of time before they can use them? ◆ Are there rocking chairs? 	YES
		NO
		NA

Child's NAME	Date of Birth	Feeding Schedule	Pediatric Health Statement	Emergency Contact	Immunizations
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2.					
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